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COMMUNICATIONS.

A CASE OF PROLONGED GESTATION AND UNUSUAL LABOR.

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Read before the Chicago Medical Society.

On July 4th, 1876, I was called to visit a young Swedish woman, who was convalescing after a severe labor, which had occurred about two months before. Her friends stated that she had had "spells" for some five weeks previously; that she would have six or seven in a day; *occasionally* there would be *less*, but they were now generally increasing in frequency and violence, and that "each spell" was liable to last longer.

The patient was of medium height and size, had fair hair, light complexion, blue eyes and decaying teeth. She had lived in America some years, and spoke English well. She had at this time a nervous appearance and would start as if afraid of any movement made in the room. Her friends said, if a stranger should enter unannounced, she would fall to the floor in a "fit." She sat up but a small portion of each day.

During this visit, physical examination revealed no malady of heart, lungs, brain or spinal cord, unless the convulsions were indications of the latter. Other organs were healthy, so far as could be learned, until the pelvis was reached, when *here seemed* to be the whole cause; though we feared not, when chance compelled us to witness the first convulsion; it was so epileptoid in character.

A vaginal examination discovered a large amount of cicatricial tissue in that canal; the larger part of which was in two long ridges extending from the orifice of the vagina, on either side, to the cervix uteri, where they were lost on the lateral walls of that organ. Shorter ridges of the same cicatricial tissue radiated from points along the whole line of the longer ones, but were larger and more numerous near the cervix. A considerable stenosis was already the result, though these cicatrices were not yet healed. The cervix lay spread open like a book, in the vagina, from one long laceration in the median line anteriorly, extending from the middle of the anterior lip very nearly to the junction of the body and neck. Another laceration existed at the junction of the two lips on the right side, but was only about half an inch in length, and apparently healing. The walls of the cervix were thick, patulous, and denuded of their epithelial surfaces, both internally and externally, on the lower portion, as also was the os. The edges of the wounds were granulating. The ridges in the vagina looked as though folds of the mucous membrane had been taken up, with an effort to remove portions in these lines.

Her history was taken only from the time of marriage, or rather from the birth of the first child, which occurred about four years previous to this date. She was then twelve hours in labor, was attended by a midwife, who used the forceps, but for *what reason* she would not state. She began using them at two o'clock in the morning, and was three hours in terminating the labor. During these three hours she removed and replaced the instruments many times, a sister, who was present, says "twenty, at the least." Her gestation had been natural, except

some pain, at the end of each month; and during the last one there was some pain almost the entire time. She had never been well since this labor.

Her second delivery occurred about two years before my being called in, and was quite natural; she was in labor but two hours and no forceps were used.

The third and last child was born about two *months* previous to this first visit. This labor "was long and tedious." She was attended by three doctors, who were a long time in using the forceps, the use of which was preceded by a knife, used probably upon the os uteri, preparatory to the use of the forceps.

I learned at this visit that she began having convulsions during the first month of this last pregnancy, and that they continued until she visited the dispensary of the Chicago Hospital for Women and Children, on one of my days, when she was five months advanced in gestation; that a specimen of the renal secretion had been obtained, and was being tested; also, that she had received one prescription, when she fell in a convulsion. In consequence of this accident, her friends hurried her home before another convulsion should come on. Hence she was not treated for albuminuria, though it was found to exist. Her address had not been taken, and I had never seen her since her visit at the dispensary until called to her home, some six months afterward. She assured me that she had taken the medicine regularly during the last four months of pregnancy, and had had no convulsions until three weeks after this last severe labor. She did have "stiffening" of the limbs and of one side, and would feel as though a convulsion was coming on. The prescription was the bromide of potassium in ten grain doses, ordered to be taken three times daily, when she felt nervous. At this visit the urine was examined and very little albumen was found, so little that nothing was done for it.

The treatment was the muriated tincture of iron and the bromide of potassium or ammonia. The local treatment was the vaginal douche and topical applications of a strong solution of nitrate of silver, made every fifth day. The convulsions grew less in frequency, and lighter in form, simultaneously with the healing of the parts, and disappeared wholly when this malady was removed.

I should have stated that, at the beginning of treatment, the body of the womb retained its normal relative position to the neck, but as the swelling of the cervix disappeared, it fell backward to the opposite side of the greater laceration, so that its canal made a right angle with that of the neck. This I could not correct. After many months the parts were healed and she was dismissed as well. About three months after this I was recalled, with the news that she was again having convulsions, and that she thought she had had a miscarriage of a few weeks. The only way this could be substantiated was by the condition of the parts. The body and neck of the womb were large and patulous, the internal os more open, and a sanguineous leucorrhœa established. The shorter laceration had nearly disappeared by cicatrization, the os was becoming eroded, and the edges of the larger laceration were again thickened and granulated, though there was no disposition shown to close up, like the shorter one. Once more we labored to stimulate the parts to heal. When healed, the question arose as to *how* to help the woman keep well, that she might not be a perpetual patient. We had heard of Dr. Emmet's operations upon these rents of the cervix, but I had not chanced to read any article upon the subject, though Dr. Emmet had already published one paper in the *American Obstetrical Journal*. I thought out my own plan of operating, but did not succeed in securing the best result.

The first operation was late in November, 1877. The result was a thin bridge of superficial muscular fibres, with a continuation of the mucous membrane covering the cervix, with a fistula at the bottom of the wound, or top of the cervix, and an open external os. As the denuding was not extended to the full edge of the os sufficiently, and I dared not denude the wound at the bottom (as the rent had extended so high into the supra vaginal portion of the cervix), we feared entering the peritoneal cavity. In consequence of this imperfect condition, there was a constant tendency to ulceration of the cervix and os (internally as well as externally), and as frequently a return of convulsions.

She consented to a second operation, which was made March 20th, 1878, with a much better, though not what I should now consider a *perfect* result. It kept the walls of the cervix together, also the body in its natural position. There was no longer any tendency to excoriation of the parts. It is now nearly three years since this patient had a convulsion.

Question. Had insanity occurred instead of convulsions, and the patient been placed in an insane asylum without the recognition of the cause, and had no treatment been given, where

would insanity have ceased? Or, if the disease after these five years had been learned and cured, would the effect on the brain cease also?

But questions in physiology and pathology other than these can be asked; for the patient has passed through another gestation and labor, and it is our firm conviction that her pregnancy lasted ten and one half months, if not more. May 20th she came to my office, saying she had not menstruated since January 10th. I then thought it was occasioned by pregnancy, but could not declare this to be the case positively. She came again the 28th, when I felt more certain about it. July 27th, she appeared again, when, I find by my notes, my conviction was that she was *six, almost seven*, months pregnant. This was not only shown by the size of the body of the womb and the length of the cervix, but it corresponded to her time of "quickening," or when she felt life. Her labor occurred November 26th, 1880. Nine weeks before this date she called me, thinking herself in labor. I found the os uteri sufficiently open to admit the tips of two fingers, but not thinned away much. Its whole circumference seemed full of cicatricial tissue, in the form of little nodules, except at the point operated upon. We watched the pains, which came on every fifteen minutes, but which had no effect upon the lower segment of the wound. She had constant pains during the remainder of her pregnancy, which were really always worse at night. Some days they would recur every hour or so; at other times every fifteen minutes, even every *five* minutes. I was called several times during October and the early part of November. October 9th, the membranes ruptured, the os thinned away a little, and pains came on every five minutes, but there was no effect yet upon the os, more than a slight thinning and the least perceptible dilatation—when the patient grew more comfortable and "slept better that night than for a long time." I advised with Prof. Byford, who said, "leave it to nature." Soon after this I asked Dr. Bartlett to see the patient with me, which I think he did late in October. He, too, thought it "better not to induce labor." I was called again and again, to attend the woman in labor, but always with the same result—no dilatation, or even pressure upon the lower segment of the uterus synchronously with the pain.

She had some nervous symptoms, such as headache, during the last month of pregnancy, and some albuminuria, which was always relieved by dry cups.

During the latter part of November I was called east, and advised her to go to Dr. Bartlett if her labor should come on during my absence. The history of this labor is given by Dr. Bartlett.

Was this delay of labor caused by a loss of continuity in the muscular tissue at the point of the fistula, at the bottom of the wound? Dr. R. G. Bogue, who was present, said "the fistula dilated as the os did, until after he cut the bridge made by the operating."

Another question arises as to how these operations will affect after labors? Has any one had the experience in obstetrics of finding a cervix that has been rent and mended with silver wire by the surgeon?

Dr. Bartlett reports that the case continued under his observation, as reported, until November 26th, the patient having pains with considerable regularity, night and day, about every fifteen minutes, excepting that every third night she, apparently from sheer exhaustion, sank into sleep. The temperature was normal, the pulse about 100°, the skin and tongue natural. The bowels were regular, the appetite very defective. The morale of the patient was remarkably good. She was patient, courageous and even cheerful.

About noon on the 26th the severity and frequency of the pains increased so decidedly that Dr. Bartlett determined to consider that labor had set in, and to act in accordance with that consideration. The os uteri remained exactly as it has been described above, open to the extent of admitting the tips of two fingers, and in no wise yielding to the increased force and frequency of the pains.

Toward evening, Dr. Bartlett directed that a gallon of hot water be played upon the mouth of the womb for one quarter of each hour. At 11 o'clock, P.M., the os was perceptibly softer, the nodular indurations were less marked, and it was open enough to admit the ends of two fingers. The sinus or opening to which reference has been made as remaining after the operation, and which had always been easily recognizable, was now more distant, more patent, feeling so very like an os in the beginning of labor that it would have been easy to mistake the opening for the mouth of the womb.

Dr. Bartlett invited as consultants in the case two gentlemen to whom he had previously detailed its history, the one of whom favored trusting to nature and time in its management, while the other had expressed an inclination toward active interference: Drs. John S. Clark and R. G. Bogue. Upon consultation, it was agreed that the time had arrived when delivery should

be effected. The pains were frequent and as severe as could be expected in so feeble a patient; the pulse was increasing in frequency. She was complaining of fatigue, and headache was threatening.

It was presently ascertained that the head presented, that it was hydrocephalic, with the sutures quite widely separated, that it was not large, and was not, on account of its size, impeding labor, that it was slightly fluctuating, so that during a pain its coverings became tense, like a bag of water. In view that at several different times during the past seven weeks the patient and attendants had stated that "there had been gushes of water," and seeing that the volume of the uterus had at times seemed less and the outlines of the child more apparent than usual, it was assumed at first, that the membranes had ruptured, and that the examining fingers rested upon the scalp of the fœtus; presently, however, toward one side of the pelvis a sac of water began to form, in the shape of a disk, which soon encroached upon the presenting part of the head, and finally assumed the position and feel of an ordinary bag of water.

It was determined to forward the labor by gently and slowly dilating the os, and this was accomplished by the fingers. Toward four o'clock on the morning of the 27th the pains were losing their force and frequency, the os was dilated to a diameter of two and a quarter inches, with edges about one-fourth of an inch in thickness, was apparently indisposed to dilate further. It was not exactly rigid; it was slightly yielding, and yet not in that state of dilatability which is required for safe delivery. Meanwhile, the powers of the patient were beginning to wane, and as the intensity of the headache became alarming, in view of the history of the patient, the presence of albumen in the urine, and the threatening head symptoms of uræmic character which had occasionally occurred in the past few weeks, while immediate delivery was desirable, it was regarded as impracticable or dangerous with the condition of the os that then obtained. With a hope of improving its state, chloroform was given, to a moderate degree, during pain, for half an hour, but without result. Meanwhile, the condition of the patient grew worse, she was losing hope, her strength was failing, her pulse was 120 to 124. Voluntary efforts during the pains were ceasing, and moanings were taking their place. It may here be stated parenthetically, that during the pains the pulse was 100, while in the interval it was 120 to 128. This peculiarity was explained thus: while pain was in abeyance the pulse was feeble, whereas the stimulus of the pain for a moment increased the power of the heart. This peculiarity of the pulse was regarded as indicating exhaustion. Toward six o'clock the os uteri, yielding, apparently from the approaching exhaustion of the patient, was found somewhat more dilated and softer. Immediate delivery was decided upon. Simpson's forceps were used, some difficulty being experienced in their introduction, because of the high position of the head and the imperfect dilatation of the mouth of the womb. The first blade being in position caused the opposite margin of the os to be drawn over beyond the centre of the presenting convexity of the head, thus embarrassing the introduction of the second blade. The head was finally seized above the superior strait. An examination revealed the os uteri greatly upon the stretch, and it was noted that the fistulous opening was greatly distended, the margin of the cervix formed by the united edges of the laceration being so stretched as to render a new laceration inevitable. It was decided to enlarge the os by incising this tissue with a knife. The head was extracted very slowly and very cautiously; the prolapse of the anterior and posterior walls of the vagina adding emphasis to the suggestion of caution expressed in the condition of the os.

The patient recovered without a single unfavorable symptom. The head of the child was found as described; a spina bifida and a club foot existed; it expired some hours after birth.

Dr. Bartlett says: "Naturally it will be concluded that the prolonged gestation was in part caused by the reunion of the lacerated cervix. In this connection this fact should be mentioned: The pregnancy preceding the last was prolonged, if we may believe the testimony of the patient and her relatives. Not only so, but according to testimony, she fell into labor at the usual period, and was visited by physicians, who gave her assurance of prompt delivery. In lieu of which the pains subsided and did not recur for a month, when, after three days of unavailing pains, she was delivered by the forceps, the knife having been first resorted to, as was believed, for the purpose of enlarging the cervical ring.

By reference to facts given in systematic works on obstetrics, it will be recognized as established that gestation may be prolonged far beyond the usual term. Thus Joulin, who writes at length on this subject, cites cases where pregnancy was extended to *ten* months, to *ten and a half*, to 343 *days*, and even to *one* YEAR.

I would like to bring before this Society, for discussion, the advisability of operating for lacerations of the cervix immediately after labor. The exposure of the patient at this date for an operation, when she is so exhausted, and when the whole physical economy seems to rebel against such an additional ordeal, seems fraught with great danger, too great, unless some severe accident has occurred, such as an extensive laceration of perineum, or other parts, which demands surgical interference, on account of hemorrhage or other danger to life.

All know how the perineum, when lacerated, and when the rent does not pass through the sphincter ani, will heal, if the wound is kept clean and there is a coaptation of its walls. Dr. Emmett says of lacerations which occur in the median line and are confined to the cervix, "these lacerations generally heal rapidly, leaving scarcely a cicatricial line to mark their course." Although the healing of this especial point is contrary to my general experience, I believe that many lacerations of this part are united by first intention, and afterwards are never recognized, but the locality of which is governed in each case much by the position of the patient while in bed. If there is even a small chance for repair, it seems better to wait two or three months than endanger the woman's life by exposing her for operation at a time when a slight chill may result in any or all of the inflammatory maladies of the pelvis that come to the puerperal woman.

It is the obstetrician only who knows how easily these chills are induced at this time.

These operations can be safely performed at any time after the second month subsequent to delivery, as I have recently proved to my own satisfaction; if done with care to both mother and child.

Of these cases, one woman had been *seven weeks* confined; one *nine weeks* and one *seven months*. Two were nursing their children; yet, in neither case was there any inconvenience to mother or infant, other than that the mother was restrained somewhat in regard to exercise, after getting up, the second day after the operation. There was perfect union of the parts in each case.

Recurrent Streams in Syringe Nozzles.

It is by no means a new device to provide urethral syringes with nozzles so perforated that the stream ejected is thrown backward, toward the external meatus, instead of forward. The same plan has been adopted in the manufacture of uterine syringes. The advantages are supposed to be that the discharges are forced toward their exit, without danger of injury to the deeper parts.

CATCHING COLD.

BY DR. CARL SEILER,
Of Philadelphia.

Read before the Philadelphia Laryngological Society.

In the February number of the London *Lancet* (American edition) will be found a short article on the rationale of cold catching, which in a few words says a great deal which it would be well both for the physician and the layman constantly to bear in mind. I shall, with your permission, quote from the article, which I am sorry does not bear the name of the author, and use it as a text for this paper.

I quote: "practically the human organism must be maintained at a temperature equal to 96.5 degrees Fahrenheit, in all climates. The source of this heat is within us, and we wear clothes to minimize the expenditure of this heat by radiation."

About the first part of the quo'ation I have nothing to say, except that 96.5 is rather a low average normal temperature for the human body, and it is generally estimated to be about 98 degrees Fahrenheit. The second proposition, that the source of heat is within us, requires some explanation. Heat is produced in the animal organism in two ways; first by oxidation of food, and second, by the conversion of muscular movement into heat, according to the now well established law of the correlation of forces. How and where this oxidation of food takes place I will not here enter into, but will state that certain articles of food yield a larger amount of heat than others. Thus animal food, and especially animal fats and oils, produce more heat when introduced into the system than farinaceous food and fruits do. This we find exemplified in contrasting the mode of living of the Esquimaux and other inhabitants of the north with those dwelling in the tropics.

The Esquimau lives almost exclusively on animal food and fish oil, while the South-sea Islander, who lives most of the time in an atmosphere the temperature of which is higher than the normal temperature of his body, eats chiefly fruits and vegetables. And even in temperate climates, where man lives both on vegetable and animal food, more of the former is consumed during the warm season, while the latter is in preponderance during the cold winter months. The Catholic church has long ago recognized this fact, and has introduced the lenten season, a period of abstinence from animal food, at a time of the year when the seasons change from the cold to the warm, for

if more heat producing food is taken into the system than is required to keep the body at the normal temperature, the digestive system is taxed beyond its capacity, the blood is overcharged with effete material, which is not eliminated quickly enough, and as a result, we feel out of health, which, when it occurs during the first warm days of spring, we call spring fever. The same effect is produced when we change our abode from the North to the South during the winter months, and persist in the same mode of living, and take the same amount of animal food; and if we continue to live this way for a length of time, the result is congestion, and may be abscess of the liver. This is exemplified by the fate of so many Englishmen who go to India, where they eat their roast beef and drink their heavy ales, as they have done in England, but who in a few years have to return with a diseased liver, blaming the climate when they should blame themselves.

In order to oxidize the food, oxygen must be introduced into the system in sufficient quantity, through the lungs, otherwise part of the food only is burnt up and produces heat, while the rest is thrown out again as waste material, and by its presence materially interferes with normal action of the different organs.

Muscular exercise, as is well known, produces heat within the system by a conversion of motion into heat, but this motion depends for its sustenance upon the contractile force of the muscles, which is kept up by part of the food taken into the system. If this contractile force of the muscles is not exercised, it needs not as much nourishment, and the surplus is deposited as fat within and around the different organs. This is exemplified by the fact that in order to fatten an animal, it is kept confined within a narrow space and is overfed.

There can be no doubt that sunlight plays an important part in the oxidation of food within the system, and this is probably one reason why night air is generally supposed to be injurious to delicate constitutions.

This heat, which is generated within the body by the oxidation of food and by muscular movement, would be lost by radiation if the temperature of the atmosphere surrounding the body is far below the normal temperature of the body, and, therefore, this loss must be minimized by interposing between the integuments of the body and the air non-conductors of heat, in the shape of clothing, not to keep the cold out, but to keep the heat in. The face, part of the neck, and the hands are, however, generally exposed, and thereby the epidermis becomes hard and horny, thus becoming a bad conductor of heat, and very little of the systemic warmth is lost by radiation from these parts.

The hydrometric condition of the atmosphere, irrespective of temperature, has a great deal to do with the temperature of the body, at least as far as individual sensation is concerned. We feel more chilly in a cold, damp atmosphere than in a dry one of the same temperature, and we can endure a greater amount of heat when the air is dry than when it is filled with aqueous vapor. As far as I know, this fact has not, as yet, been satisfactorily explained, and I would suggest, as a reason, that the moisture is absorbed by the skin, thus making it a better conductor of heat and facilitating the ingress and egress of heat through it.

We also minimize the expenditure of animal heat by living the greater part of our time (in cities at least) in houses and apartments from which the outer air is excluded as much as possible, and the atmosphere of which, during the cold season, is artificially heated.

The maintenance of the normal temperature of the body, therefore, depends upon the production of heat by oxidation of food within the system, by muscular exercise, and upon the prevention, or at least reduction, of the radiation; and a lowering of this temperature, especially if it be sudden, causes contraction of the capillaries in the outer integuments, a disturbance of the heart's action, and a congestion of some of the internal organs, and particularly of the mucous membrane of the respiratory tract.

Taking it for granted that at a given moment there is a certain quantity of blood in the body which is distributed throughout the vascular system, a greater amount of blood than is normal will accumulate in some portion of the system when a contraction of the capillaries in an area of the surface takes place. Such an accumulation causes an over distention of the capillaries, and consequently a congestion of the part. As examples of this may be cited the facts that deep seated inflammations, or congestions, are relieved by counter irritation of the skin, and it is by no means necessary to apply the counter irritant directly over the organ affected to obtain the desired result; and also, that frequently inflammation and even ulceration of the bowels are a result of extensive burns and scalds of the skin, of the chest, or abdomen. In this latter case the capillaries of the skin are violently contracted and the blood driven to other parts of the body, and especially to the intestines, causing a con-

gestion, followed by inflammation of their mucous membrane.

In connection with, and perhaps caused by, this contraction of the capillaries of the skin by cold there is always an irritation of the distal nerve ends, which, by reflex action, produces a change of the heart's action, which in turn becomes a factor in the production of the congestion in other portions of the body.

The blush of shame is produced by reflex nervous action, the cause of which, however, is central and not peripheral, and not unfrequently is congestion of the lungs produced by violent or long continued emotional disturbances. The reason why the mucous membrane of the respiratory tract is more liable to be the seat of this congestion than any other portion of the body, must be looked for in the fact that it, among civilized nations, is hardly ever free from irritation in one or the other portion of its extent. We constantly inhale particles of vegetable and mineral substances in the shape of dust, which, by engaging the cilia of the epithelium, act as irritants. This, together with the impure air surcharged with carbonic acid which we breathe in the confined atmosphere of our dwellings and public halls, produce a want of tone in the mucous membrane of the respiratory tract and its capillaries, thus predisposing it to congestion. For as all fluids, so will the blood in the body when pressed upon at any particular point, seek an outlet at the point of least resistance; in this instance the capillaries of the mucous membrane of the nose, pharynx, larynx, trachea and lungs. Catching cold may then be defined as a momentary lowering of the temperature of the body by external influences, which causes both directly and indirectly an uneven distribution of the blood and thereby a congestion or inflammation of internal organs.

Here the question may be raised: Why is it that some persons are more liable to catch cold than others, who, perhaps, are more exposed to cold and the inclemency of the weather?

In order to answer this question I must state that the power of producing heat in the system may be weakened by a number of causes, and that when thus weakened it is not able to produce an extra amount of heat when demand for it is made by exposure to lower temperature. Thus we find that a person who leads a sedentary life and confines himself in an atmosphere artificially heated to from 75° to 80° Fahrenheit, accustoms his system to habitually produce little heat, because little demand is made for it; or one whose digestive apparatus is out of order will not properly digest his food, and can, therefore, not produce sufficient heat by oxidation of the food; or one who is deprived, voluntarily or involuntarily, of the necessary amount of oxygen, be it by being confined in close rooms or on account of disease of the lungs; or finally one who does not take exercise, and so does not produce heat by muscular motion, will easily take cold from the slightest exposure. While on the other hand a person who lives an out of door life, and thus exercises his heat producing faculty, takes cold but rarely, even when much exposed.

To prevent taking cold, therefore, a person should take outdoor exercise at all seasons and in all kinds of weather, should not dress too warmly, should have plenty of fresh air in his house and especially in his bedrooms, and should not heat the air in his rooms above 68–70° F.

There remains much to be said in regard to this interesting subject, but the few hints which I have thrown out have already made a longer paper than I had intended, and I shall therefore close by inviting discussion on it.

1346 *Spruce St.*

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

A CLINICAL LECTURE DELIVERED BY WILLIAM GOODELL, M.D.,

Professor of Clinical Gynæcology in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Subperitoneal Fibroid Tumor of the Uterus.

GENTLEMEN—Here is a lady with a large tumor. She is thirty-eight years old. She says that when this began, three years ago last November, the change of life came. For three years after having her last child the menses were profuse. Now, here is an interesting point to me; here is a solid tumor of the womb, and the menses have ceased. A solid tumor usually causes increased menstruation and delays the menopause.

As far as I can make out, from this external examination, it seems to me to be a fibroid tumor. I can detect no fluid at all. There is no elasticity. It is a dense, hard tumor. It does not cause any pain. She complains only of a distressing feeling across the chest, but I am disposed to attribute that more to some impression on the nerves than to the tumor. When she over-exerts herself, the tumor drops down, the abdominal walls having lost their resiliency, the tumor descends, and then she has trouble with her water.

I do not remember ever having seen a tumor of the womb, as this seems to be, that stopped the menses; the usual course is prolongation of

menstruation. I find that this movable tumor passes down to what I suppose to be the womb, but the sound will be the means of settling that point.

Dr. Leash tells me that a year ago this tumor could not be moved. I asked him if it was lower down then. He says "it was." The reason that it was then immovable, was because it was impacted in the pelvis, but as it grew, it came out of the pelvis and became movable. She then had, I presume, more suffering than at present. She has been brought to me for diagnosis and to see what treatment I think best.

I shall now make a vaginal examination. In the first place, I find that the os is very much larger than it should be. I can pass my finger to the internal os. I cannot, however, get into the cavity. I feel, projecting into the front wall of the vagina, pressing through the bladder, a knob of this tumor. When I move the tumor, it moves the neck of the womb to a certain extent, but only to a certain extent. The attachment of the tumor seems to be pedunculated. I also feel a small polypus in the neck of the womb, a sessile polypus, or perhaps more properly, a little fibroid tumor.

I now pass the sound into the uterus and see if, when I move the tumor, the sound moves. When I move the tumor to that side (the right) there is a very trifling motion imparted to the sound. When I pull it to this side (the left) the sound moves considerably. There is evidently a connection between this tumor and the womb, and the connection is pedunculated, it has length. What inference do I draw from this? It is that this tumor is attached to the right corner of the womb, so that when I pull it toward the left I put the pedicle on the stretch and move the womb, but I have to push it far over toward the right, in order to affect the womb.

I believe this to be a fibroid tumor of the womb, a subperitoneal tumor, originally starting from the surface of the womb and with an attachment to it of some length.

Let us see how far the sound has entered. It measures four inches exactly. I should not be at all surprised to find that in addition to this tumor there were several fibroid tumors in the walls of the uterus.

What is the meaning of this large os? I think that it has nothing to do with the tumor, but is the result of an old laceration.

My diagnosis is, then, a fibroid tumor, subperitoneal in character, with a partly ligamentous attachment to the womb; a possibility, therefore, of its removal.

The next question is, what shall be the treatment? As far as the history goes, this tumor does not appear to be growing. If I should make an abdominal incision and remove that tumor, the woman would run a far greater risk than she would if it was an ovarian tumor. The pedicle of this tumor, although partly ligamentous, is not wholly so, for some uterine tissue passes into the tumor. We shall, therefore, let it be, for the present.

My advice would be to give ergot, in as large doses as she could stand, either the fluid extract by the mouth or Bonjean's extract of ergotine by hypodermic injections, in order to cause condensation of the womb and a diminution of the amount of blood going to the tumor, and so cause it to stop growing or to decrease in size.

If it goes on increasing, there will come the time for the woman to decide as to an operation. We can do nothing now but give ergot, either by the mouth or subcutaneously, and with it I would be disposed to associate muriate of ammonia, giving ten grains three times a day, to see what effect it would have.

I must honestly say, however, that with a pedunculated subperitoneal fibroid tumor, I do not think that treatment by the mouth is going to do much good.

Vesico-vaginal Fistula.

The next case, gentlemen, I got in rather a singular manner. I went to the Pennsylvania Railroad Depot, the other day, to secure a berth in the train, and as I was passing by a colored man, he recognized me, and asked me to go into the ladies' waiting room to see a colored woman who had been there from the previous day, and could not be moved.

I went in, and found her on her knees and suffering great pain. She told me that two or three years ago she had had a severe labor, an instrumental labor; at last, after having been in labor a long time, craniotomy was performed. After her labor she could not hold her water. Her physician could do nothing for her, and she came north to see if anything could be done for her relief.

She had come from the lower part of Virginia, and the hot weather, sitting on the car seats, and the urine trickling over the skin, had so excoriated her person that the skin around the vulva, buttocks, and on the thighs, was raw. This was the cause of her great suffering. I wrote an order and had her brought to the hospital. She was first given a bath, and then I put her on a treatment which I have found very valuable in these cases, that is, injections of a saturated solution of alum into the vagina, and the application to the skin of an ointment of the oxide of zinc, made as thick as possible. Why a thick ointment? Because the thicker it is, the less likely is it to be washed away by the urine. I sometimes use a two and a half per cent. solution of nitrate of silver.

I tried to make an examination, but she made such an outcry that I was not able to obtain any information, except that there was a vesico-vaginal fistula at the neck of the bladder, a very bad place.

She told me that directly after her labor the doctor found a stone in her bladder. If she is correct in this, the stone has been the cause of the fistula, the pressure of the head against the stone has caused the sloughing. I thing that this is a frequent cause of vesico-vaginal fistula. When I say frequent I am using a wrong word, for stone in the bladder is not a frequent disease in women, but I believe that in some cases of vesico-vaginal fistula the fistula is attributable to the fact that there has been a stone in the bladder.

I have not time to go into the history of vesico-vaginal fistula, but it is an opening between the bladder and vagina, allowing the urine to be

constantly dribbling away. It is a great infirmity; the urine causes excoriations, her person is offensive, from the urinous odor, and her clothing is always wet.

What posture shall we put the woman in, for operation? The posture in which the fistula is most easily reached, sometimes directly on the back, sometimes in the knee-breast position; then, again, it is sometimes a good plan to put her on her chest, with the chest resting on a box, as a soap box with a pillow over it, and having her in a kneeling position.

I find that there has been considerable cicatricial contraction here. We have, unfortunately, a very poor light for this purpose, but there you can see the fistula. That little budding you see there, looking like granulations, is the wall of the bladder. Another difficulty we have to contend with is operating in such a small and contracted space.

I shall now begin and denude the surfaces as best I can, and bring them together. This operation will probably not be sufficient to close the opening entirely, so I will, most likely, require another. There are cases that have been operated on as many as thirty times. There is one thing in the way here, that I must be careful not to touch, that is the bladder. I shall take this knife and try to make an incision all the way around, if I can, without hitting the bladder on the opposite side. The bleeding here so interferes with the operation that I shall try the scissors. If this operation was performed on the surface of the body, it would be exceedingly simple, but being here, in a confined place, it is exceedingly difficult. This is an operation which I very much dislike to perform before you, for two reasons. One is that you can see very little, the other is that I have to take time and do this slowly, and knowing that you are weary of it, the tendency is to hurry too much; but still, it is necessary for you to see the operation, its mode of performance, the position of the woman, and then you may learn something as we go along.

Now, gentlemen, while a sponge is being held firmly over this, to stop the hemorrhage, let me talk a little on the subject of vesico-vaginal fistula. It is produced by delay on the part of the physician; that is, in nine cases out of ten the fistula is caused by the physician not applying the forceps, or not performing craniotomy soon enough. I wish you to bear that in mind. It is delay in the second stage of labor, for no matter how contracted the pelvis, if the bag of waters is unruptured there is no danger of sloughing. By the by, this accident does not usually occur in women with very small pelves, but where the pelvis is under-sized, for it is necessary that the head should get into the pelvis in order to produce a fistula.

The question arises, How long must you wait before interfering? That is a very difficult question to answer. If there is any progress of the head, then by all means wait or put the forceps on. As I say, it is usually caused by not putting the forceps on soon enough; either because the physician is afraid or the family object to it. Under circumstances of that kind, I advise you to send for another physician. While rupture of the perineum is frequently due, as I have told you before, to the use of the forceps, vesico-vaginal fistula is due to the non-use of the forceps.

The bleeding here is quite profuse, and we rely upon our stitches to stop it, but sometimes we cannot stop it in that way, and then the operation fails. We cannot apply a ligature to these little arteries, for if we did there would be a failure of union.

The light is so poor here that I shall finish this operation before a window in the next room. I have got this tolerably well denuded, but I am going to go over it again, carefully. It will probably take another hour before it is finished.

There is another thing about these operations: they are exceedingly unremunerative. I have performed this operation a great number of times, but all the money I ever received was $40, for two operations on the same woman. Dr. Emmet, of New York, told me, I am not quite certain about the figures, but I think it was that his first one hundred and fifty operations paid him only $300, an average of two dollars for each operation.

What does this mean? I think that it reflects a little on our profession. It means that these fistulæ occur in poor women. A physician is called to a poor woman; the head does not descend; he has a number of patients and he leaves her for awhile and goes to see them. If that were a rich patient, he could not do so. He comes back again in a couple of hours, but still there is no progress, and he goes out again; so in this way there is a certain amount of neglect. The question may arise in his mind, "shall I send for Dr. Smith?" Perhaps Dr. Smith lives five or six miles away, or he thinks that Smith will make fun of him, and so he does not send. If that was a rich patient and the head was delayed, the family would insist upon him sending for another physician, and he would be willing to do so, for there would be a responsibility in this case much different from that in the poor woman's. Occasionally fistulæ occur in women of position, but this is the exception.

Now, when you get into a scrape of this kind, and the head will not descend, your best plan is to send for some one else to share the responsibility with you. I have been in positions where I would have given all my old boots and shoes, and something over, to have had a friend with me, to share the responsibility. In other cases, I have been ashamed to send for a friend, fearing that he would make fun of me.

I shall now simply tell you what I shall do, and finish the operation in the other room. After I have denuded the surface carefully, I shall pass the needles, taking care not to put them through the whole thickness of the mucous membrane, but simply from one edge to the other. I do this for two reasons: first, the needle might cause troublesome hemorrhage from the mucous membrane, which is very vascular, as you have seen. Secondly, each one of the punctures might possibly produce a little fistula if I passed the needle through the entire thickness of the wall of the bladder. I shall have a large number of stitches, probably, thirteen or fourteen. I shall shot each one and leave them in a week. I shall put a catheter into the bladder, to allow the urine to escape as fast as it is secreted.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION—32d ANNUAL MEETING.

Proceedings of Sections—Second Day.

In continuation of last week we give the Proceedings of the various Sections, condensing them as much as practicable, owing to the pressure upon our columns from other material. Some of the papers read will be referred to in more extended abstracts in future numbers of the journal.

On State Medicine.—A paper on the National Board of Health and the International Sanitary Conference of 1881, was read by Dr. J. L. Cabell, which gave a résumé of the work of the National organization and explained the reasons for calling the Sanitary Conference.

Dr. C. F. Folsom read an able and interesting paper on the Relation of the State to the Insane, which advocated the establishment of State boards of lunacy, composed of experts in insanity and its treatment.

These papers were discussed freely and referred to the Publication Committee.

Surgery and Anatomy.—Dr. C. F. Stillman, of New Jersey, presented his Sector Splint, adapted to different parts of the body.

Dr. Alfred C. Post, of New York, reported two cases of "Plastic Operation on the Face," and described the method of operating.

Dr. D. H. Goodwillie, of New York, read a paper on Treatment of Anchylosis of the Temporo-maxillary Articulation, which elicited considerable discussion, in which removal of a wedge-shaped piece of the ascending ramus was advocated by Prof. Gross and Hunter McGuire.

Dr. L. A. Sayre applied a plaster jacket to a case of lateral curvature, to demonstrate his method of treating spinal disease.

The Chair appointed as members of the Prize Award Committee from this Section, Drs. Kinloch, South Carolina; Pratt, St. Louis; and Burgett, New York.

Diseases of Children.—The discussion of treatment of "Eczema of Infants" was continued by Dr. Jacobi, of New York.

A paper on the "Treatment of Diphtheria" by Dr. Nunn, of Savannah, was read by the Chairman, in which insufflation was strongly recommended. A powder used is as follows:—

℞.	Sulphur sub.,	gr. xlviij	
	Acid tannic,	gr. xij	
	Acid salicylic,	gr. j	
	Pulv. potass. chlor.,	gr. xij.	M.

Precaution must be used in compounding this prescription. A little of this powder is put on the back of the tongue every hour or two, and a small piece of ice given afterwards. It will be seen that this prescription is a combination of antiseptics principally.

In another case treated by Dr. Nunn, the following formula was used with good effect:—

℞.	Sulphur,	gr. vij
	Acid boric.,	gr. iv
	Acid tannic,	gr. j
	Acid salicylic,	gr. j
	Resorcin,	gr. j.

Another formula is:—

℞.	Sulphur sub.,	gr. viij	
	Acid boric,	gr. iv	
	Acid benzoic,	gr. j	
	Acid salicylic,	gr. j	
	Acid tannic,	gr. j	
	Acid tartaric,	gr. iv	
	Sodii chlorid.,	gr. iv	
	Resorcin,	gr. j.	M.

The subject led to a general discussion, during which the chairman expressed an opinion unfavorable to the use of pilocarpia, and also said that he did not have as much confidence in lime water as some appear to have.

Dr. E. H. Bradford, of ——, presented a clinical report of two cases (aged eleven and thirteen years respectively) of "Resection of the Tarsus in Severe Club Foot," with excellent results in each instance. The operation was resorted to after tenotomy and all ordinary treatment had failed to relieve the deformity.

Practice of Medicine.—The afternoon was devoted to the discussion of the etiology and treatment of pneumonia, after the reading of a paper on this subject, by Dr. Wm. C. Dabney. Diverse opinions were expressed, and no agreement was had upon the causes, nature, or magistral treatment of the disease.

A paper on the Nature and Treatment of Pulmonary Phthisis, by Dr. B. Robinson, of New York, was read by title.

Ophthalmology, Otology and Laryngology.—Dr. Carl Seiler read a clinical paper on Syphilitic Laryngitis, in which he pointed out the diagnostic points afforded by the red areola of the mucous membrane, and the symmetrical disposition of the ulcers. He recommended general and local treatment.

Dr. Chisholm read a paper describing a peculiar form of Tinnitus Aurium caused by rhythmical contraction of the tensor tympani muscle, caused by stimulants, reflex irritation, etc.

Dr. Eugene Smith, of Detroit, reported a plastic operation for the relief of ectropium, when the piece of cutis vera was transplanted from the arm of the patient, with success.

Dr. H. Augustus Wilson, of Philadelphia, exhibited some pellets of atropia (gr. 1–100), which were adapted to ophthalmic use, for relaxing the accommodation. A number of different varieties of these pellets are made for hypodermic use.

A paper from Dr. Laurence Turnbull, of Philadelphia, was read by title. Otitis Intermittens, with Observations upon the use of Quinine in Diseases of the Ear; On the importance of Ear Examinations in Effecting Life Insurance.

Obstetrics and Diseases of Women.—A question to the chairman led to an interesting discussion on the question of the investing capsule of uterine fibroids.

Dr. H. P. C. Wilson exhibited some gynæcological instruments to the Section, and Dr. H. O. Marcy, of Mass., exhibited a double drainage tube for continuous irrigation.

Third Day.

Surgery.—Dr. B. A. Watson, of Jersey City, read an elaborate paper on Traumatic Fever, in

which he detailed a number of experiments. He concluded that there was a septic and a non-septic form, each of which required appropriate treatment.

Labial Carbuncle, was the title of a paper by Chas. A. Leale, of New York, in which free incisions and nitric acid applications were highly recommended.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—The chairman made some remarks upon Astigmatism, which led to a general expression of opinion.

A paper on the Treatment of Nasal Polypi, by D. S. Reynolds, was read by title and referred.

OBSTETRICS.—Can we make a positive diagnosis of pregnancy prior to the audible sounds of the fœtal heart, and the detection of fœtal movements? was discussed by Dr. Jas. Tabor Johnson, of Washington, who, after enumerating the ordinary symptoms, concluded that the increase in the temperature of the vagina offered the most certain indication.

A number of instruments of original devices were shown by Paul F. Mundé, of New York, which were discussed up to the time of adjournment.

PRACTICE OF MEDICINE.—Dr. L. D. Bulkeley read a paper on Diet and Hygiene of Eczema, which admirably supplemented the paper of Dr. White, read before another Section.

The treatment of Diphtheria was discussed by Dr. Whittaker, in a paper recommending quinine, salicylic acid, or the benzoates, internally, and the local application of Monsel's solution.

Dr. J. A. Octerlony read a paper on the Treatment of Dysentery.

Dr. S. E. Atkinson read a communication on the Production of Albuminuria by large doses of Iodide of Potassium. These papers led to considerable discussion of great interest.

Dr. Henry A. Martin described a case of true variola equinæ, and read a paper on Variola Vaccinæ and Variola Equinæ in Massachusetts. He also read an extract from the *College and Clinical Record*, on Pseudo-vaccination, and after discussion moved that a committee be appointed by the Association to visit these various farms and investigate the whole subject of the supply of bovine virus," which was adopted.

Dr. F. E. Stewart read a paper on the Materia Medica of the Future.

On motion of Dr. Dunster, of Ann Arbor, it was

"*Resolved*, That the spirit of the code of ethics forbids a physician from prescribing a remedy controlled by a patent, copyright, or trademark. This, however, shall except a patent upon a process of manufacture, or machinery, provided patent be not used to prevent legitimate competition; and shall also except use of a trademark used to designate a brand of manufacture: Provided, that the article so marked be accompanied by working formulæ, duly sworn to, and also, by a technical, scientific name, under which any one can compete in manufacture of same."

Dr. Upshur, of Richmond, Va., read the report of a case of paralysis of motion of both upper extremities, in which the prominent symptoms were complete paralysis of motion of both upper extremities, *except in the hands*, intense pain in the shoulders on any attempt to lie down, and inability to sleep. The attack was ushered in by convulsions, epileptic in character.

Dr. H. Augustus Wilson, of Philadelphia, presented his Soluble Compound Pellets for Hypodermic Use and General Medication.

STATE MEDICINE.—Papers on "Cellars," by A. N. Bell, and on the Necessity and Means of Removing Putrescible Matter from Inhabited Places, by Dr. Wright, of Milwaukee, were read by title.

DISEASES OF CHILDREN.—Dr. Blake, of Massachusetts, read an interesting communication on Middle Ear Disease in Children in the course of the Acute Exanthemata.

Dr. Jacobi read his address on Children's Diseases, which referred particularly to the eruptive disorders, and claims for rubeola (German Measles) a distinct place among them. He also condemned the free use of chlorate of potassium, and mentioned the fact that several deaths have been caused by its employment.

PHILADELPHIA LARYNGOLOGICAL SOCIETY.

Stated meeting, held at the house of Dr. J. Solis Cohen, on Friday, April 22d, 1881.

Before the meeting was opened, Dr. Cohen stated that the case exhibited at the last meeting, by himself, had proved to be one of tuberculosis and not of syphilis.

Dr. Chas. Turnbull then exhibited a case in which basilar fracture of the skull is suspected, produced by a crushing force applied to the neck, which shows peculiar, ocular, auditory and laryngeal symptoms. The Dr. stated that he would furnish a detailed account of the case at the next meeting of the Society.

The President, Dr. Cohen, then called the meeting to order, and after the minutes of the previous meeting had been read and approved, Dr. Carl Seiler read a paper on "Catching Cold," which was discussed by most of the members present.

Dr. Turnbull then exhibited a new form of ear trumpet and audiphone combined, which was the mouth piece of a Waat's telephone. The Dr. suggested the name of "Tympanphone" for the new instrument. He then reported a remarkable cure of specific ozæna by smoke from a wood fire.

Dr. Seiler next exhibited a new galvano cautery knife, which was insulated with vulcanized fibre, a substance which is not affected by heat and which is a non-conductor of electricity. Dr. Cohen, in the discussion which followed, said that he was glad that Dr. Seiler had used such a substance, for he had found that the silk generally used to insulate the two conducting wires did not afford sufficient protection to the parts not to be cauterized, and was, besides, easily burned off.

Dr. Bean then, by permission, exhibited a specimen of a larynx from a patient who had died of phthisis, and who had coughed up two pieces of bone, which, after having been examined by the members, and it having been found that in the specimen the cricoid cartilage was denuded of mucous membrane and the arytenoid carti-

lages were missing, were pronounced to be the ossified arytenoid cartilages.

The Society then went into private session.

CARL SEILER, *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

On Shock.

In M. Furneaux Jordan's recent work, entitled "Surgical Inquiries," Shock is defined as a peculiar condition of the animal system, characterized by depression of all its functions, the result of a powerful impression applied to the nervous centres, or to a portion, more or less considerable, of the peripheral nervous expansion. The author's view is, accepting the correlation of forces, physical and vital, that as the result of this impression there is a conversion of nerve force into some other force, and in this way the functions of the body become depressed, from want of nerve force. This is no doubt a very plausible view, but it hardly seems the most probable. Granting that shock is caused by, or is intimately related with, a deficiency of nerve-force, is it not more probable that this force is not manufactured—*i.e.*, that the physical or other vital forces are not changed into nerve force—while the patient is suffering from shock, rather than that nerve force is manufactured and then rapidly changed into some other force? Such a view would surely agree better with the great depression or abolition of function throughout the body which is so characteristic of shock.

The author thinks that shock arises from impressions produced on the cerebro-spinal system rather than on the sympathetic system, and he looks on the "*Klop-versuch*" of Goltz as indicating the effects of impressions on the pneumogastric nerve rather than on the sympathetic ganglia. At the same time he admits that a powerful impression on the sympathetic nerves may give rise to shock. How far this view is justified is doubtful, and we can hardly admit that in Goltz's experiment the effect was due to the injury done to the pneumogastric rather than to the sympathetic. And the author demonstrates that in amputation the shock occurs, or is greatest, when the bone is divided. Here it is surely sympathetic rather than cerebro-spinal fibres which are affected.

The effects of mental shock, more especially when combined with bodily injury and shock, are well brought out by the author. This is seen in injuries to healthy persons, where the patient has time to realize the approaching danger, or afterwards to picture to himself the future results of the mutilation.

Some very interesting thermometric and sphygmographic observations made on patients suffering from shock are given; and the ulterior effects of shock and the condition of chronic shock are carefully described. The physiological and pathological phenomena of shock are discussed at length.

In the treatment of shock the author chiefly advocates heat, in the form of hot-water bottles, applied, not to the feet only, but to many parts of the body. Stimulants are also recommended, and the combination of opium with them is also advised. When the heart has ceased to beat, he believes, from experiments on animals, that it might be possible to restore its action by means of a rapid puncture with a long, sharp needle.

A Case Illustrating "Missed Labor."

At a recent meeting of the Obstetrical Society of London, Dr. Barnes stated that the term, "missed labor," proposed by Oldham, was not justified by the facts of Oldham's case, which proved on autopsy to have been one of extra-uterine gestation. Discussing other cases of presumed missed labor, accepting the arguments of Stoltz and Muller, the author affirmed that no authentic example of missed labor—this term being taken to mean the prolonged retention in utero of a fœtus, living, at term—is yet known. He cited examples of the retention of the ovum, which had perished in utero at a pre-viable age, for some time, and notably until the arrival of the natural term of gestation. He related a case which came under his own care:—

A lady, aged thirty-nine, had borne three still-born children, the last of them five years ago, before consulting Dr. Veitch, at Penang, in December, 1872. Pregnancy dated from early in November preceding. The usual signs of pregnancy were manifest; she verified quickening; and up to the seventh month she felt movements of the child. About the eighth month, after a slight accident, a flow of blood came. Three weeks later another bleeding occurred, but no labor pains. Eleven months after the presumed date of conception she came to England. There was an impression that she might be suffering from fibroid of the uterus. She came under the author's care in December, 1873. Under chloroform, the cervix uteri having been dilated by laminaria tents, he felt what he took to be the interior surface of the uterus; the sound passed six inches. In January, 1874, some colored discharges went on. Pieces of bone, which turned out to be bits of the spinal column, passed by vagina. After dilatation by tents, more bones were removed by fingers and forceps. In February this manœuvre was repeated, and by craniotomy-forceps the remaining parts of a fœtus, which appeared to have reached the eighth or ninth month of gestation, were extracted. Her health then improved, the discharges became less offensive, and the uterus gradually shrank, as in ordinary involution, but more slowly, until it reached the common conditions of the non-pregnant state, and the pa-

tient perfectly recovered. The author submitted that this was a clear instance of the retention of a fœtus dying in utero at a viable stage, for some months after the normal term of gestation had been reached; and that in this sense the term "missed labor" might apply.

Excessive Eating as a Cause of Disease.

Some just remarks on this point are made by Dr. Liveing, the well known dermatologist, in the *Lancet*. He observes:—

I frequently meet with cases of intractable eczema pudendi in women past middle life, of sedentary habits, and eating three large meat meals a day, and trying by all means in their power to stimulate their appetite, under the erroneous impression that they are "keeping up their strength." Now, in these and similar cases, medicine and local treatment are almost equally useless, unless there is, at the same time, a thorough reform in the diet. The first point is to deprive the patients of sugar as an article of food, except just enough to make light puddings palatable. The reason for this is that much of the sugar passes the liver unchanged, and is therefore worse than useless as a food. The next point is greatly to reduce the animal food, especially mutton and beef, and to substitute for it simple clear soup, and poultry or fish in moderate quantity once a day. Lastly, the chief part of the daily diet should be made up of light farinaceous and milk food, such as bread, rice, and macaroni. This is, I know, contrary to the view often entertained, that saccharine urine should be treated by an animal diet, and that starch should be as much as possible excluded. Now, whatever good may result from such a diet in some cases, I am quite sure that it does not answer in those to which I refer; on the contrary, exactly the reverse holds, and the old routine practice, except so far as sugar is excluded, is quite wrong. I have seen the sugar disappear from the urine and the eczema depart under a change of diet such as I have above recommended. The truth is that many people at sixty, when the tissue changes are slow, eat as much, or more than they did at twenty, when all the processes of change are at the height of their activity; what wonder, then, that unnatural work is thrown upon the skin, kidneys, and other excreting organs of the body. There is some substantial truth in the saying that small eaters live the longest.

Types of Imbecility.

In February last, at a meeting of the Harveian Society of London, Dr. Fletcher Beach read a paper "On Types of Imbecility." The author commenced by referring to the different systems of classification of cases of imbecility which have been adopted and brought forward, one of which, by experience, he had found useful in describing the disease. Cases under this system are classified under the headings of congenital and acquired imbecility, including under the former those occurring at the time, under the latter those supervening after birth. The following classification was the one suggested by the author: *Congenital Imbecility.*—1, Simple congenital; 2 Microcephalic; 3, Hydrocephalic; 4, Scalphcephalic; 5, Pearly tic; 6, Cretinism (sporadic, endemic). *Acquired Imbecility.*—1, Eclampsic; 2, Epileptic; 3, Hydrocephalic; 4, Paralytic; 5, Inflammatory (*a.* Hypertrophic); 6, Traumatic; 7, Cretinism (endemic). It was shown that under the heading "Simple Congenital Imbecility" are included cases of a very low, and others of a fairly high type. The cause of microcephalic imbecility was discussed, and the difference between the hydrocephalic and rickety head was pointed out. The cause of scaphocephalic imbecility was said to be obscure. Pearly tic imbeciles were shown to make good progress mentally, but little physically. The characteristics of sporadic and endemic cretinism were usually the absence of a thyroid gland, and generally the presence of fatty tumors in the posterior triangles of the neck. More improvement was stated to take place in cases of acquired than in congenital imbecility, and the reason for this was explained. Eclampsic imbecility was shown to be due to convulsions coming on soon after birth, continuing some years and then ceasing, but so injuring the structure of the brain during their continuance that the patient becomes imbecile. Under the heading "Epileptic Imbecility" are included some cases where, with cessation of fits, the greatest improvement takes place, and others who go on from bad to worse and finally end in utter dementia. Inflammatory imbecility was said to be due to measles, typhoid fever, and other acute diseases, as a result or complication of which inflammation of the brain and membranes was produced, not sufficiently grave to be fatal, but serious enough to cause mental impairment. The reason for placing hypertrophic imbecility in this class was explained, and the difference between hypertrophy of the brain and chronic hydrocephalus was pointed out. Traumatic imbecility was stated to be due to some injury of the brain, hereditary predisposition acting as a predisposing cause in these as in other cases where a slight exciting cause seemed scarcely sufficient to produce so grave a result.

The Treatment of Gout.

Mr. A. Meldon, M.R.C.S., writes to the *British Medical Journal*, March 26th, 1881:—

Looking on gout as having a predisposing and exciting cause, it naturally follows that we may cure the affection by either of two plans, as directed against one or other cause. I invariably commence my treatment, when my patients are strong, by taking from four to eight ounces of blood from the arm; and repeatedly I have found the pain subside while the blood was flowing, and not again return. A purge then follows, with colchicum: and then I resort to more tonics. Phosphate of quinine is my favorite; but sulphate of nickel, phosphorus, strychnia, or copper, may be used in cases where quinine will not agree. I always order occasional doses of quinine as a preventive. I have found a ten-grain dose of sulphate of quinine cut short an attack.

In one case which fell under my notice, the patient stated that an electric shock had com-

pletely relieved him of pain; and in another case the patient was in the habit of inhaling oxygen, and stated to me that it always shortened the attack.

There is one more point on which I wish to touch; that is, the power of the skin to eliminate uric acid. If a considerable quantity of the cutaneous secretion be obtained and evaporated, abundance of crystals of urate of soda will be obtained. In a Turkish bath, with the aid of a watch-glass, this can readily be obtained.

The conclusions which I would draw from this paper are as follows:—

1. The presence of uric acid and soda in the blood is not the sole cause of gout.
2. Want of exercise and animal diet will produce an accumulation of uric acid in the blood.
3. Uric acid and soda must exist in the blood before the disease can be produced.
4. There must be depression of the nervous system to cause an attack of gout.
5. Depression of the nervous system causes union between uric acid and soda, forming urate of soda.
6. When an attack of gout has passed away, it does not necessarily follow that the uric acid has disappeared from the blood.
7. Uric acid may exist in the blood in considerable quantities, and for any length of time, without causing gout.
8. The use of nerve tonics, as quinine, strychnia, and caffeine, and such like, as well as the inhaling of oxygen and the use of electricity, are of much service in the treatment of the disease.

Symptoms of Cantharides Poisoning During its Internal Administration.

Mr. T. F. Clarke, M.R.C.S., England, writes to the *Lancet*, March 26th:—

The two following cases, exhibiting symptoms of poisoning by cantharides during the later treatment of gonorrhœa, may be of interest, on account of the favorable result in each case.

I may preface my remarks by stating that in nearly every case of gonorrhœa, for the primary symptoms, *e. g.*, scalding, chordee, etc., with thick discharge, I prescribe saline medicines and tepid-water injections. When the discharge becomes thinner, and all active inflammation has abated, I prescribe iron and cantharides internally (tincture of the perchloride of iron and tincture of cantharides, of each five minims, three times a day), and an injection of sulphate of zinc (two grains to the ounce). Such was the course followed in the present instances.

In the first case my patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine I was summoned to him for violent pain over the bladder, and this was accompanied, on the following day, with strangury. These symptoms, at first very severe, passed off at the end of about four days, during which time I gave him nitric ether and hyoscyamus, internally, and ordered hot baths whenever the strangury came on.

In the second case the patient, after taking two doses only of the cantharides mixture, had some of the symptoms of poisoning, viz., frequent desire to pass urine, burning pain during micturition, which was very difficult, and always accompanied towards the end of the process by a few drops of blood. I ordered him to take only half the dose, but these directions were not followed, and he continued with the full dose, the symptoms, nevertheless, rapidly abating.

In each case every trace of the gonorrhœa was removed, and as soon as the active symptoms produced by the cantharides passed off, the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. Why these symptoms of cantharides poisoning should have presented themselves—for I frequently administer the drug in much larger doses, and without any untoward symptom—I am at a loss to understand. The delay of the symptoms in the second case may, I think, be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gave rise to the poisoning symptoms.

Iodoform in Nasal Catarrh.

Dr. B. T. Mouser, of San Francisco, gives this case in the *Western Lancet*:—

H. B., aged 14; exposed in occupation to constant inhalation of fine emery. Patient called on me in April, complaining of offensive breath, occasional headaches and epistaxis. The fossæ dry and lack of secretion, epiphora caused by closure of the punctæ lachrymalis. On examination anteriorly with nasal speculum and posteriorly with small mirror, much after the style commonly used in laryngeal examinations, the fossæ are found to be roomy, pituitary membrane dry, and lacking that glistening appearance seen when there is sufficient mucus. On the posterior aspect of the septum and margin of the turbinated bones a varying amount of thin, white crusts are seen, which it is impossible for patient to free himself of by hawking down the throat or blowing the nose. Expired air is very offensive, so much so that the disagreeable odor is noticed immediately on patient's entering the room. Sense of olfaction so thoroughly blunted that this most obnoxious symptom of the disease is not apparent to himself, but is often mentioned by his friends and relatives. The punctæ lachrymalis being opened, after the lapse of three or four days all indications of epiphora disappeared; it not being necessary to dilate the canalicula or sacs. Nasal douche was used for many months, and applications of the numerous disinfectants made—carbolic acid and glycerine, permanganate of potash, salicylic acid—all proving of no avail. Pellets of cotton-wool, saturated with iodoform, carbolic acid and vaseline were placed in the superior meatus from behind and removed every second day. Iodoform acts on the pituitary membrane as a tonic and stimulant, and while it is a disinfectant, its own not pleasant odor is disguised by the remaining two ingredients. After the removal of each pellet the full expanse of pituitary membrane was thoroughly washed with a spray of the ten per cent. boracic acid solution. During the first month of treatment it was frequently found necessary to remove some deposits of incrustation on the turbinated bones

by means of brush introduced into the posterior nares.

For some time the patient has been free from headaches and epistaxis, the offensiveness of expired air is not apparent to members of his family; and during the last two months the most thorough examinations have not revealed any fetid and tenacious crusts.

On Sudden Death in Cases of Hysteria.

At a meeting of the Medical Society of Paris, M. Raynaud reported (*Revue Méd.*, quoted in the London *Medical Record*, March 15th), a case of sudden death, which had occurred, as he stated, in the midst of a hysterical attack. The woman was thirty-seven years old, unmarried, and had long suffered from very singular attacks of vapors, and, from time to time, formidable attacks of hysteria. She had eczema of the foot and hand, which seemed to excite attacks. On each occasion she was seized with laryngeal spasm, like that of hydrophobia, and plunged her nails into the flesh of her hands. Fragments of nails had frequently to be extracted from the flesh; but, on the last occasion on which this was done, she complained, on the following day, of severe pain in the back, like the true 'hysteric clavus.' She was feverish; temperature above the normal; pulse frequent. A blister was applied, and dressed with morphia. The next day the pain had changed its place; it was in the neck, and excited trismus and howling exclamations. The patient preferred the sitting position, and suffered extremely when the head was moved. She took from five to six centigrams of morphia a day, by hypodermic injection. Two days passed; the symptoms increased in extent; pharyngeal spasm followed, with frequent expectoration or trismus, and dyspnœa set in. The slightest touch excited her to fury. Her character changed; she became insolent and abusive. She presented an absolute picture of hydrophobia. Careful inquiry showed that she had not been bitten, and that no dog had been in the house. Two days afterwards the pain changed to her abdomen, and remained there for three or four days, accompanied by contraction of the diaphragm and arrest of breathing without thoracic expansion. Finally, on the following day, the patient was livid, cyanosed; her pulse was imperceptible; she was groaning, and her agony extreme. The next morning she was a little calmer. Towards the middle of the day a fresh spasmodic attack occurred, to relieve which artificial respiration was vainly employed. The patient succumbed, in spite of all that could be done.

On Catarrhal Diphtheria.

The observations of Dr. Marx on this form of disease are given in the London *Medical Record*, March 15th.

He defines it as that form in which there is only superficial and unlimited diphtheritic membrane combined with simple catarrh of the mucous membrane, slight constitutional symptoms, inconsiderable glandular swelling and limitation of the disease to the throat. That it is a true diphtheria, he considers, is shown, (1) by its clinical character; (2) by its not unfrequently passing into the severer forms; (3) by its infective power; and, lastly, (4) by its microscopic pathology. The disease begins with slight fever, malaise and pain in swallowing. The mucous membrane of the throat at some part, generally the tonsil, is swollen, red, and has on it one or more grayish spots like hoar-frost. These spots are superficial, limited, and disappear in two to three days, rarely lasting six days; unless, as sometimes occurs, the disease passes into the severe form with thick and spreading membrane. Microscopically these spots are found to consist of colonies of micrococci, which pass through the comparatively unaltered superficial epithelial layers into the deeper layers where the cells are swollen up and contain large nuclei. After twenty-four hours, pus forms in the deeper layers, and the superficial layers are thrown off. Catarrhal diphtheria differs from the severe form in the absence of a fibrinous exudation between the epithelium, and from simple catarrh of the mucous membrane by the presence of micrococci in place of the numerous organisms in catarrhal muco-purulent secretion, such as leptothrix buccalis, oidium albicans, etc. In the treatment of this affection, the author recommends (1) immediate isolation of the case, notwithstanding apparent mildness; (2) frequent inhalations of steam; and, (3) disinfection of the mouth with gargles, etc. Astringents ought to be avoided, as checking the separation of the membrane, which is furthered by a rapid formation of pus under the influence of warm inhalations.

Treatment of Lupus and Rodent Ulcer.

Dr. J. Ferguson writes, in the *Canada Journal Medical Science*, March:—

Lupus may sometimes be due to a syphilitic taint; but it is very doubtful if rodent ulcer can ever be traced to such a cause, and the few cases occurring in a syphilized constitution may be mere coincidences. In such cases, it is clear, "specifics" will avail very little. The proper use of caustics is also beneficial; yet they should seldom or never be alone trusted to, as local means of radical cure. I purpose briefly to give the results of observations on the operations of others, and my own experience in two cases of lupus and one of rodent ulcer.

The operative treatment is very simple, and is as follows: After the patient is anæsthetized, the whole of the diseased tissues are freely and thoroughly removed with a Squire's scarificator, or a Volkmann's spoon, and the fresh surface well touched with a solution of chloride of zinc, of the strength of 40 grains to the ounce, or nitric acid may be used in its stead. If the operation be near the mouth or nose, the patient ought to be allowed to recover pretty fully from the anæsthetic before the application of the caustic, lest any of it should be swallowed. A light water dressing is then used, and a healthy granulating surface springs up in a few days, on which any of the ordinary plastic operations can be performed.

I have seen the above operation about two dozen times; and, so far as I have been able to ascertain, with universal success. It has been

done by myself on a case of lupus non-exedens, one of lupus exedens and one of rodent ulcer. The two former are completely cicatrized, while the latter exhibits a healthy healing surface. These affections being purely local, their removal can be made complete and the cure thorough.

An excellent after dressing may be made by soaking thick, soft lint in a saturated solution of boracic acid, and applying it to the wound. This dressing is a clean, non-irritating, and, at the same time, antiseptic one.

Hemorrhage from the Rectum Treated by Pyrogallic Acid.

In the following case, says Dr. Wallace, in the Glasgow *Medical Journal*, I tried the remedy as recommended in the above "Item," with the best results:—

A young lady had, for four or five years, suffered from an almost daily, though, as a rule, slight discharge of blood from the rectum. A doctor was consulted, and the question of piles was raised, but she would not permit an examination to be made. Her health, naturally good, began very gradually to be affected, but as the hemorrhage was at no particular time excessive, she still delayed treatment. It having, however, increased of late, she consulted me, and I ascertained the following facts: 1. The discharge presented all the characters of fresh blood, and came away equally freely and without warning, whether the patient was lying, sitting, or taking active exercise. 2. There was not, and there never had been, the slightest pain in the bowel on defecation, nor did the bleeding occur specially at that time. 3. Though, as a rule, of almost daily occurrence, the hemorrhage sometimes ceased for three or four weeks. 4. The catamenia were quite regular. On general grounds, I was certain of the accuracy of her statements. (These conditions seem to point to some lesion of the rectum, or at least the lower bowel, and yet preclude the idea of piles, fistula, or even of polypus.) Before insisting on an examination, I tried the ordinary astringents and hæmostatics, including ergot, but without any result except causing nausea. I then gave pyrogallic acid in one grain doses three times a day. This was readily taken in water, without causing the slightest derangement of the stomach, and in one week bleeding had completely ceased. For a few days after its cessation she had a feeling of uneasiness in the loins, but this soon went away. It is two months since then, and she continues perfectly well.

Salicine in Acute Rheumatism.

Dr. Chas. Jas. Fox, of Willimantic, Conn., writes to the *Indiana Medical Reporter*:—

Inasmuch as the treatment of the above affection is so unsatisfactory, any therapeutic agent which is successful in arresting the course or diminishing the complications of so common an affection cannot be too much valued, or too well appreciated. During the past four years I have had wonderful success by the use of the salicine n these affections. From a review of some seventeen cases allow me to show the results I obtained by a history of the following case:—

Mrs. A., aged 32; June 8th, was taken with all the marked symptoms of rheumatic fever; extensive effusion was found in both joints, with œdema of the ankles, wrists, metacarpal and phalangeal joints; she complained of great pain; at my first visit the temperature was 102°, pulse 110 and respiration 33; at 9 P.M. the same day her temperature was 103°; I had her placed on salicine, grs. x, every two hours. June 10th the temperature had fallen to 100.5°. I increased the salicine to 15 grs. every two hours. June 11th, physical examination showed a displacement of the apex of the heart downward and upward, with a systolic bruit over it. June 12th, temperature ranges from 102 to 103°, pulse 120, respiration 40; I increased the salicine to grs. xx every two hours. June 13th, temperature had fallen to 100.5°. June 15th, pulse, temperature and rest quite normal. This was her second attack; the first attack lasted six weeks. As far as my experience goes the salicine treatment seems to me to be the true desideratum in these affections, and, if given early, prevents all cardiac complications, and that its free administration is the best means of staying the progress of these complications should they occur.

Moreover, the value of the salicine plan of treatment should be determined not by the results obtained in a certain number of cases, but by the general verdict of the profession.

How to Vaccinate.

Dr. B. Dozier describes the details of this little operation as he performs it (*Independent Practitioner*, March, 1881):—

My percentage of successful vaccinations so far surpassed my expectations and also that of my colleagues, who used the same virus as myself, but a different mode of scarifying the surface, that I have concluded failures in vaccination should be more frequently attributed to an improper mode of scarification than to poor or ineffective virus, or a "peculiar condition of the system."

I use *only fresh bovine virus*, and prefer the ivory points to any other. I dip the point to be used in *cold water*, then lay it aside, in order that the virus coating may become well dissolved or softened. In the interim I scarify with a dry ivory point, stroking very lightly, scraping off as completely as possible, *without bringing blood*, the cuticle or scarf skin, for a space of about a quarter of an inch square. I then rub over the abrasion the previously prepared point, until the virus is all off, and insist on the sleeve being kept up for at least five minutes after the operation. I then place over the part a piece of adhesive plaster of sufficient size to cover well the scarification. Out of two hundred and twenty-five vaccinated adults and children, and many of the former having been successfully vaccinated before, I got a result of *ninety-seven* per cent. of successful vaccinations! While my colleagues, who used lancets, principally, with which to scarify and *cut*, rather than *scrape* through the outer skin, consequently causing more or less bleeding, were successful in not more than fifty per cent. of their cases.

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THE THEORY OF MATERNAL IMPRESSIONS.

The subject of fœtal deformities attributable to mental impressions on the mother during pregnancy, offers an interesting field of study, which it may not be presumptuous to say has not yet been cultivated to the extent it merits. There are many theoretical questions of much significance related to it, and many deductions of great practical importance may be derived from it.

Twenty years ago it was the fashion to treat the whole subject with contempt, as being one of those popular delusions or superstitions which are unworthy the attention of a thoughtful student of nature.

This period, we may assert with confidence, has definitely past. The coincidences are too numerous and too extraordinary to leave room for skepticism. It may, indeed, be urged with justice that there are hundreds of infants born with deformities which cannot be traced to any maternal impression; and conversely, that there are hundreds of mothers frightened or shocked during pregnancy, whose infants are perfect in form. Frequently, also, the deformity bears little resemblance to that which was seen by the mother, and believed by her to be the cause of the child's condition.

To these objections it is answered in a general way that it is not pretended that all fœtal deformities arise from this cause; nor that a mental shock always produces such effects; nor that the deformity is or must be precisely like that which originated it; but only that, under circumstances and conditions not yet defined, such a sympathy exists between the mother and the child in her womb that the nutrition of the latter may be materially altered by fixed attention on the part of the former.

We all know that a sensitive person can have a pain anywhere in the body by this same process of fixed attention; actual organic changes are easily and rapidly produced; and probably the same is the case with the fœtus in utero. The analogy is strong, and the relations are parallel.

The researches of Dr. MAX RUNGE, on the

influences of alterations in the maternal blood on the fœtal organism (*Archiv für Experimental Pathologie*, Bd. x, s. 324), show in a striking manner how the nutrition of the fœtus is effected by alterations in the blood-pressure, more, even, than by alterations in the constituents of the blood, and that the processes of its growth are, therefore, more dependent upon nervous than alimentary conditions.

The subject has been revived in some of the English societies of late, and various cases reported, which appear to owe their deformities to mental impressions. Thus, at one of the meetings of the Obstetrical Society of London, Dr. HEYWOOD SMITH showed photographs of a young woman, aged twenty-eight, whose profile showed a remarkable concavity of the face, ending in a prominent under jaw. The mother had been frightened by a monkey, about the fourth month of gestation. He remarked that among animals it was at the moment of conception that the mother was supposed to receive an impression, while in women a maternal impression was often referred to the third or fourth month.

Dr. BRAITHWAITE, however, said that he had seen a puppy having a bifid and flattened forefoot, the owner of which said that during the mother's pregnancy a stone had fallen upon the foot, and crushed it similarly to the flattened foot described.

Another case was lately laid before the Dublin Obstetrical Society, by Dr. PUREFOY, in which, in the opinion of some members, the connection of the deformity with its supposed mental cause was more intimate and marked than in almost any on record. It merits, therefore, quotation:—

The infant possessed the following peculiarities: The right ear, or, to speak more technically, auricle, was altogether wanting, nor was there even a depression in the spot usually occupied by it. The right eye was also entirely absent, the position of the orbit being indicated merely by a slight depression, while on the left side the orbit appeared to contain an eyeball, completely concealed, however, by the eyelids, which were intimately united along the whole line of the palpebral commissure. The trunk and genitals were those of a large, well-made, male infant, but the limbs presented the following peculiarities: On the right side the arm and forearm were absent, but from the head of the scapula there hung, suspended by skin only, an appendage which appeared to be an abortive hand. The left upper extremity was normal in size and shape, but the fingers were united by a web of skin extending between each. The lower extremities presented no peculiarity except a similar webbed structure extending between the toes, and this was present on both feet.

When she was three or four months pregnant, a cow belonging to her husband gave birth to a calf which wanted the right ear, the right eye, and both forelegs. This extraordinary object was watched by her with great assiduity, and she superintended its feeding and endeavored to rear it. It lived for several months; and the occurrence is supposed to account for the extraordinary object of which she was herself afterwards delivered. It was born alive, but only survived a few hours. Its head was thickly covered with black hair. On the right side there was nothing at all to indicate the position of the ear.

If now the doctrine of materno-fœtal symmetry could be established, and its general laws defined, why could it not be made a most useful branch of ante-natal education? If ugly and disgusting objects can be made to produce such lasting impressions, why not, on the other hand, cannot beautiful and symmetrical ones be employed to insure perfectly formed infants?

We are aware that the idea is not a novel one; it is, indeed, centuries old, and there are more than a few instances in which it is alleged to have been successfully put into practice. Necessarily, however, this was done in an empirical manner only, and what we want is such a scientific knowledge of the laws of this physiological relation that we can apply them with a reasonable certainty of obtaining their good results and counteracting their injurious operations.

NOTES AND COMMENTS.

Chronic Nicotine Poisoning.

In the *Revue des Sciences Médicales*, we find the two following observations of nicotism, taken from the *Archiv für Psychiatrie*:—

The patient in the first case, which terminated fatally, commenced to suffer from rachidian pains in 1876; they were of extreme violence and radiated toward the thighs. There was a sensation of muscular rigidity, with tremors, in the lower limbs, causing difficulty in walking. These troubles disappeared for a few weeks, galvanic currents being used, but the pains in the back soon returned, and the patient had an appearance of general suffering.

Notwithstanding the physician's strict prohibition, he continued to use large quantities of tobacco, and the following summer complained of a sensation of violent constriction about the head, with vertigo.

He was troubled with palpitations of the heart, which came on by access, waking him from his sleep; there was considerable præcordial anxiety and acute pain behind the sternum, during the access. There was nothing on auscultation but marked feebleness of the heart sounds.

The patient soon commenced to lose appetite and suffer from gastric troubles.

He was placed in an asylum, but he soon managed to smuggle in cigars, which he smoked during the night. Progress was rapidly downward, thoracic pains were felt, he was completely spent, and was seized with tremors on the slightest effort; for nine months he was completely impotent; the urinary secretion was normal. He soon died, quietly, without convulsions; nothing was found at the autopsy except very pronounced anæmia of the nervous centres.

The second, a stout, vigorous man, commenced to smoke from eight to ten strong cigars per diem.

He soon became remarkably nervous; there was great hyperæsthesia of hearing, in particular; soon he began to suffer from a feeling of constriction about the head, rachidian pains, tremors while walking or when he attempted to write.

These symptoms continued for a period, when the patient had a sudden attack of angina pectoris; after this he was induced to give up smoking, and the symptoms gradually disappeared.

The symptoms in both cases strikingly resemble each other, and conform exactly with the tableau of nicotism. These cases may, then, in certain difficult cases, give a clue to the etiology of morbid troubles of the same nature.

Transmission of Favus from Animals.

M. Megnin presented to the Soc. de Biologie, (*Progrès Médical*, January, 1881), a mouse having the head and body almost completely covered with the crusts of favus.

This mouse was found in a leather shop where, about a year previously, the first mice affected in this way had been remarked: the malady soon spread, and many of the animals were found wandering about, unable to return to their holes, being rendered blind and deaf by the crusts which covered their eyes and filled up the external auditory meatus.

This is the third example of favus in mice, the first being reported by Dr. Draper, of New York, who also observed its transmission to a cat and to some children accustomed to play with the animal.

The second case was reported by M. Tripier (Soc. Méd. de Lyon, Aug. 12th, 1867), and he succeeded in inoculating himself therewith.

Favus has also been observed in rabbits, and M. Jacquettant has observed its transmission from two children to a cat they were in the habit of fondling.

M. Saint Cyr (*Receuil Veterinaire*, 1869) has observed its transmission from cats to children, and has also, like M. Trasbot, seen it in the dog. Dr. Williams (Prin. and Practice of Veter. Surgery) has observed it in a large number of cattle and horses occupying a stable frequented by a cat affected with the disease.

In concluding, M. Megnin states that fifteen men in one battery of artillery suddenly presented numerous rings of herpes circinatus on the face. It was found, on investigation, that these men had, during a period of chilly weather, added the horse blankets to their bed covering, and that many of the horses were affected with tinea tonsurans. They were treated with ol. cadini, and with very good results.

Diphtheria and its Treatment.

M. Constantin Paul ends his review of the methods of the treatment of diphtheria brought before the Societé de Thérapeutique during the year 1881, in the following terms:—

"Diphtheria and diphtheritic poisoning still remain one of the preoccupations of therapeutics. This year, like the preceding, the results of many new experiments undertaken by members of the Society have been laid before you.

"First, the treatment of the diphtheritic patches by the bromide of potash, by M. Peyraud. M. Cadet de Gassicourt, who repeated conscientiously the treatment of our colleague, has shown, in a very interesting report, that bromide of potassium does not constitute, any more than chlorate of potash, or cubebs, a medication sufficiently efficacious to warrant the belief that we are at last able to control this scourge which has proven so redoubtable for young children and those who nurse them.

"The same must be said of the treatment of M. Brame, cauterization with the iodide of silver; of that proposed by M. Perati, cauterization with carbolic acid and camphor; of that of M. Bergeron, with fluorhydric acid, which had as

advantage, that it might be applied almost at distance, without demanding the docility of the child, so difficult to obtain for applications to the throat. Will we be more fortunate with pure carbolic acid, which has been recently proposed by M. Bournonville?

"It is necessary to say this year, as we concluded last year, that the best treatment in diphtheria is to sustain the forces of the patient by stimulants, particularly alcoholic stimulants; to disembarrass the throat of false membranes by removing them mechanically, when possible; and to perform tracheotomy, in case of obstruction, if the strength of the subject permits.

"Chlorate of potash, cubebs, carbolic acid, camphor, fluorhydric acid, lime water, and tartaric acid, are of use in diphtheria without toxic symptoms, but are insufficient remedies."

Treatment of Movable Bodies in the Knee-Joint.

The *Concours Médical* informs us that Mr. Ganjot lately read a paper on this subject, in which he states that the extraction of foreign articular bodies may be practiced without much danger. It should, however, only be undertaken when warranted by the severity of the functional troubles, and the insufficiency of all palliative means. Extraction by means of an open cut is preferable to the subcutaneous process, because it is easier and more certain in its result, without being any more dangerous, if performed while observing all proper precautions, either with or without the aid of Lister's dressings.

Hygienic Treatment of Biliary Calculi.

In the *Bulletin de Thérapeutique*, Prof. Bouchardat gives the following rules: 1st, abstain from bread, eggs, nitrogenized aliments in excess, tomatoes, strong liquors, from fish, oysters, etc., from old cheese. Instead of bread make use of potatoes, and take ordinary vegetables containing potash in preference to those containing soda. Make an indirect alkaline medication by using fruits containing malates and citrates. 2d, keep the bowels in a soluble condition, taking a tablespoonful of tartrate of potash or soda, or of sulphate of soda in lemonade or orangeade, each morning. 3d, moderate exercise. 4th, render the cutaneous secretions more active by frictions, etc. One to three baths weekly, containing—

℞.	Potass. carb.,	℥ iij
	Ol. lavand.,	℥ ss
	Tr. benzoin,	℥ j,

followed by prolonged frictions and massage. 5th. (*a*) In order to induce expulsion of the calculi, small doses of spts. terebinth, and of ether in capsules, either at meals or preferably, between meals. *b*. To prevent the formation of calculi, for ten days, before the morning and evening meal, a pill containing one decigram (gr. iss) of tartrate of potash and lithia; during the ten days following—

℞.	Potass. acetat.,	℥ v	
	Syr. sarsæ comp.,	℥ xij.	M.

Tablespoonful morning and evening.

Then, for ten days, a quart of water daily, containing ten grams (℥ iiss) of Rochelle salts.

Rose-flavored Sulphuric Lemonade.

The *Concours de Médical*, gives the following formula for its preparation and general application:—

℞.	Red rose petals,	20 grams	(℥ v)
	Boiling water,	1000 "	(Oij)
	Dilute sulphuric acid,	4 "	(f. ℥ j)
	Sugar,	100 "	(℥ xxv).

The rose petals are to be infused for an hour in the boiling water, after which strain, and add the dilute and sugar.

This lemonade may be used in all cases where acids are recommended. In *fevers*, in *hemorrhages* without circulatory troubles, or when attended by inflammation or fever.

It may be given in *anginæ* of a serious type, or in *diphtheritic angina*. In this last disease it acts on the lesions in the same way as an acid, by modifying the affected surfaces, and readily takes the place of a *detersive* gargle, which children generally are unable to use.

It is well indicated in *scurvy*, and in the *putrid* and *hemorrhagic* stages of *typhoid fever* and *variola*. It may be taken cold or even iced. Small quantities should be taken at a time, and at reasonable intervals, so as not to irritate the stomach. About a Madeira glassful every three or four hours is a quantity which will suit almost all cases.

The Treatment of Malignant Pustule.

At a meeting of the "Société de Chirurgie" Mr. Boisset alluded to the fact that the treatment of malignant pustule and malignant œdema by intestinal injections of iodine, is at present in great vogue, and expressed his regret at not receiving the credit to which he believes himself entitled in connection therewith. The fact is, that ever since 1855 he has advocated the use of iodine in the various forms of anthrax; he recommends it for its anti-virulent qualities, not

only in charbon, but also in farcy; iodine is far more efficient than the actual cautery, because in the shape of tincture it penetrates within the tissues, and reaches far deeper; therefore, when injected in the tissues they are so energetically acted upon that a sort of barrier is thrown around the evil, and its further progress is permanently checked. The effects of the iodine are greater in proportion to the concentration of the tincture.

Trichinæ in Meats.

The *Progrès Médical* reports that Mr. Pouchet has made experiments in his laboratory, on three rats, which he fed on both salted and smoked trichinous meats. On dissecting those animals, he found no trichinæ cysts in their muscles, but great quantities in the intestinal cavity, showing no signs of having been acted on. He therefore concluded that those meats were not dangerous.

Mr. Bert says that pickling, when recent, does not kill trichinæ, but after a time they die of their own accord in salted meats, in the same way as they die in the human muscles. How long does it take to bring about this result? From experiments made in Denmark, it would seem that from one to three or four months are necessary. The fact is, this point is still in darkness, and it is the more to be regretted that there exists no reliable method by which it is possible to ascertain whether trichinæ contained in meats are alive or dead.

Sulphate of Copper in Croup.

M. Thibon, in the *Lancette Belge*, becomes quite enthusiastic over the therapeutic effects of this medicament. He considers it to be not only a very efficient emetic, but also a powerful parasiticide, and therefore of especial value in croup, first causing the expulsion of the false membranes and then preventing their reproduction, through its destructive action on the vegetable organisms.

Practically, he asserts that this medicament has given him favorable results in very desperate cases; it should be given in sufficient doses; children of two years of age have taken over one gram (gr. xv) in 24 hours without any toxic effects. M. Thibon employs the following potion:

℞.	Cupri. sulph.,	gr. viij
	Aquæ,	℥ ij. M.

A teaspoonful should be given every ten minutes until vomiting is induced; afterwards the same dose may be repeated every hour, and later, every second hour.

Accidents Attending the Internal Use of Iodoform

The "*Deutsche Zeitschrift*" reports that Oberländer, in Dresden, met with two cases of syphilitic women who experienced very serious accidents from the internal use of iodoform. The first, in the space of eighty days, had taken 42 grains (f. ℥ xss), in the form of pills, of 5 centigrams each. She experienced weakness, giddiness, diplopia, and coma, followed by violent excitement, by headache, and continued loquacious delirium, and, finally, by real paralytic weakness of the limbs. These symptoms continued for two weeks, and then disappeared. The other was overtaken by similar symptoms, after seven days of iodoform. She fell into a somnolency, which continued for five days, and was followed by giddiness, and a paralytic weakness of the limbs, which lasted several weeks.

Nerve Stretching in Neuralgias.

The "*Progrès Médical*" reports that in October last Mr. Quinquand had recourse to stretching of the frontal nerve, in a case of supra-orbital neuralgia; in November, one of his colleagues, a surgeon, performed the same operation for an epileptiform facial neuralgia, and also for a supra-orbital neuralgia. The first and third operations were followed by permanent cure. The second has not been attended with so favorable a result. In the two cases cured, anæsthesia had immediately been total and complete, and continues to this day; while in the epileptiform neuralgia anæsthesia lasted only a couple of hours. The inference to be drawn from this, and what appears as our sole operative guidance in nerve stretching, is that anæsthesia must become persistent in order to insure a cure. What is it, then, that takes place within the tissues? In the absence of any histological examination, it was supposed that a dynamic action took place. Mr. Quinquand has elucidated this question by means of experiments made upon animals. He has observed that when the stretching is insufficient, that is, when attended by only temporary anæsthesia, the nerve presents no perceptible lesion. On the contrary, when anæsthesia is persistent, he finds that a number of nerve tubes give evidence of secondary degeneracy; in some, the myelin appears granular and divided; in others no trace of it is found; while others again are intact. He, therefore, concludes that the operation should be pushed so as to bring on complete anæsthesia, and that the result is not due to a dynamic effect, but to an anatomical lesion.

Treatment of Chronic Ulcer of the Stomach.

The treatment of chronic gastric ulcer by injection of water and other fluids into that organ, or rather complete washing out of the stomach (lavage de l'estomac), has not attracted the attention which the therapeutic results obtained would seem to merit.

A very interesting case is recorded in a recent number of the *Progrès Médicale* (April 2d). A patient fallen into a very cachectic condition was admitted as incurable, into M. Debove's service at Bicêtre. He recounted that ten years previously, during the war, he once found himself in great danger and lost consciousness; when he came to himself he vomited a considerable quantity of blood, and this has happened five or six times since then; during the intervals he vomited bilious and glairy matters, and these symptoms were accompanied by intense pain over the stomach. When he entered the service there was absolute intolerance of the stomach; he vomited even a few spoonfuls of milk that he attempted to take; he was reduced to the last stage of emaciation, could hardly support himself upon his limbs, and death seemed imminent.

In presence of such a desperate condition, M. Debove determined to make use of the process of Faucher for washing out the stomach. A long soft tube in caoutchouc was employed; there was no difficulty in introducing it into the stomach, and no danger of doing any injury if it was introduced too deeply; a simple glass tunnel was adapted to it externally, and in this way eight quarts of ordinary water and two quarts of Vichy water were daily allowed to circulate in the organ. After three or four days, the patient was able to introduce the tube and perform the treatment himself; at the same time a milk diet was ordered, with 200 grams of raw meat daily, and concentrated meat juice or essence, prepared by five or six hours' coction in a hermetically closed vessel.

The treatment has now been continued for six weeks, and with very remarkable results. Pain has completely disappeared; vomiting has ceased, and the patient is much stronger. The patient is able actually to digest vegetables and salad but his augmentation in weight demonstrates best the results of the treatment.

The first day of treatment he weighed 125 pounds, seven days later 132 pounds, and for four weeks following he gained 100 grams, three and (one-third ounces) per diem.

The results are then very remarkable, and as can be seen, the treatment was executed with facility.

Pesudo-Caverns in the Lungs.

In the *Revue de Thérapeutique Méd. Chirurg.* attention is called to the fact that frequently all the stethoscopic signs of an excavation are present at the apex of the lung when in reality there is no cavity.

This happens in pleuritis; the liquid compresses this part of the lung, and the sounds generated in the trachea and bronchial tubes are transmitted through the compressed pulmonary tissue.

The course of the disease clears up the diagnosis; the effusion being absorbed, the signs of a cavity disappear; if they persist, there is probably a cavern.

In certain cases, the lung being in a state of atelectasis, with concomitant bronchitis, humid, sub-crepitant râles are transmitted through the condensed tissue, and give the idea that the gurgling râles of phthisis (gargouillement) are present.

Treatment of Infantile Diarrhœa.

A fact not sufficiently considered, remarks a writer in a recent number of the *Revue de Thérapeutique Méd. Chirurg.*, is that the treatment of intestinal catarrh in infants should be persevered in until a complete cure be obtained; the gastro-intestinal functions should be completely re-established before ceasing treatment. The proper therapeutic measures consist in the employment of bismuth and laudanum, and without this last medicament it is very difficult to have complete cure, in infantile diarrhœa. The following potion may be given, a teaspoonful at a time, in the course of twenty-four hours:—

℞. Bismuth. subnit., ℥ ij
Tr. opii, ♏ ij
Mucilag acac., ℥ iv. M.

An enema of starch should be administered morning and evening. The little patient should be kept in bed; alimentation should consist of milk, panada, etc. This treatment should be continued for eight days, then the doses may be diminished, but the progress of the case should receive careful attention.

Sulpho-cresylate of Soda.

This is a new chemical agent discovered by Mr. Rabuteau in the mother liquors resulting from the preparation of sulpho-phenate of soda. It is a white salt, has first a saline, then a sweet taste, and its properties are analogous with those of sulpho-phenate of soda.

CORRESPONDENCE.

Doctors' Mistakes and Blunders.

ED. MED. AND SURG. REPORTER.—

Seeing that only so few of your host of subscribers were willing to throw their colors to the breeze and come up like true Spartans and give us a piece of a column now and then, on that very interesting subject, "Doctors' Blunders," I hasten to contribute my mite, deeming it a duty of every physician, which he owes his medical brethren, particularly the novices, to publish his failures as well as his successes. But possibly all who ever sinned have confessed, have been heard from in the column of "Blunders;" nevertheless my conviction is, if every case of the kind came to light, where the physician saved his neck, so to speak, by adroitly covering in his tracks, they would fill a book larger than Webster's Dictionary.

Why does not some ambitious book writer come to the front with a treatise on this subject? It would outstrip any work in the book market, in the way of sales, and the author would immor talize his name besides.

Of course its sales should be limited to the medical fraternity, else it might place us in a bad light. No doubt it would at first seem a curiosity; but then we must move early, with our eyes wide open, to be up with the enterprise of the ninteeenth century.

Let us have the cases of pneumonia and other diseases which have been strangled by paralyzing doses of poison—veratrum, aconite, belladonna, digitalis, strychnia and morphia! Those which have come to an untimely end by the injudicious use of the lancet and leech; those cases wherein we are told that the way to strengthen is to weaken.

Let us hear from those health officers who are sending cases of scarlatina, measles, chicken pox and nettle rash to the pest-house, that they may be treated for smallpox.

A case was reported in this city some time since, of a youth who was spirited away from his father's comfortable dwelling, amid fumes of burning sulphur, in a closed van, to the Island Hospital. There the doctors declared that he had measles. He was detained long enough to absorb sufficient of the variolous contagion to infect a whole neighborhood, however. Thousands of mistakes (*errors in diagnosis?*) might be found.

I shall delay no longer with preliminaries, but launch out and give the history of one among the many of my own. About the middle of the summer of 1880, a young man with his wife came to my office for the purpose of securing my services when she would be confined, saying that she expected it would be in one month from that time. She was very anxious to learn as to whether I could be found in at night or not, and so on. Shortly they both left. The month passed, another came and went, but no Mr. B. called. Alas! no call to Mrs. B., I said to myself; ten dollars out. My patient could certainly not have held out so long: and to confirm my suspicions I soon met Mr. B. in the street, but, to avoid me, he crossed to another corner. But, thanks to my lucky planet, bang! goes the gong, next evening, at midnight. I raise the window. Mr. B. is there, and in an anxious and hurried voice calls me to go at once and see his wife, who is *sick*, and to bring such things as I might need. Well, it did not take long for me to get inside of my clothes. Let us see what I need. Ergot, pernitrate of iron, iodine, opium, tape, and a good, stiff-backed syringe. Now, with a copy of Handy Andy crammed into my pocket, away I ran, soon reaching the sick chamber, nearly out of breath, fearing that I might be there in time to be too late. I made all possible haste. Off with my hat and coat, and into the sick chamber I went. Mrs. B. had so much pain that she could not answer me, whether the pain was in her back or bowels, or, in fact, anything. Not being able to make her yield to an examination, and the pains ceasing entirely—as the obstetric teacher tells us, when the doctor arrives, they often do—I made her swallow a good full drachm of the fld. extract of ergot (Squibb's), quickly followed by a cup of ginger tea. Now, says I, comfortably stretching myself in a large, soft, rocking chair, I will read a while. O Doctor! she cries, and up I jumped: the pain, she said, would kill her; the medicine is doing the work, I said. She turned on her side, declaring that I knew nothing; a whim, too trifling to notice. I told her she would think differently by and by. I made my way, as well as I could, up to the mons veneris. Vagina moist; natural heat. The os uteri patulous, readily admitting the finger.

The presentation and bag of waters are what I am after. As I kept my finger there for a moment, I rapidly revolved in my mind the different presentations, and possible monsters, though sharply eyed by the nurse and savagely stared at by the husband, from another room. Still I could not forget what I once heard the late lamented Dr. Chas. A. Budd say, in his lectures. "That sometimes one could not tell, in making a vaginal examination, whether he was afoot or on horseback." While in this momentary quandary, I heard something that made my hair stand, from the very roots, and my knees suddenly weaken—my heart seemed packed into my trachea—the cry of an infant in a cradle, covered with a canopy. There! get out, you quack, shouted the patient, the lying in? I said you knew nothing. The husband swore he would prosecute, and I got out with my life, but no fee.

New York City. THOS. H. MANLEY, M.D.

The Concentration Theory of Trance.

ED. MED. AND SURG. REPORTER:—

In your last issue you say, editorially, that a theory of the phenomena of trance is the great need.

That need was supplied nearly five years ago, by my *concentration theory*, which was first publicly announced at a meeting of the New York Medico-Legal Society, in the Autumn of 1876, and subsequently published in my work, "The Scientific Basis of Delusions," which work was, if I remember rightly, strongly commended in

your journal. Prof. Prüger, of Jena, in his very latest paper on this subject, which he has just sent me, states my concentration theory and gives me credit for it. His attention was first called to it by my remarks on the subject at the last meeting of the British Medical Association, in Cambridge.

Although my theory attracted attention only among a very few experts in psychology, yet by these experts it was received, in the main, with approval, though not always with intelligence. Last summer, while in Germany, I purchased the pamphlet of Schneider to which you refer, and saw at once that he was in the direction of my theory, and I so stated in a lecture on induced or mesmeric trance, before the New York Academy of Sciences, in January of the present year. I do not think that Schneider had ever read my paper, although it was several times republished in Europe.

Heidenhain's theory of suspension of the higher centres with activity of the lower, is also in the line of my concentration theory, so far as it goes, but does not account for the phenomena, and is, therefore, not pushed or pressed by him or by others to any great extent.

My theory is psychological, not physiological or anatomical; it is based on mind, not on the brain; and, briefly stated, is concentration of nervous activity in one direction, with suspension in other directions. The time has not come, perhaps may never come, when a theory of trance can be based on the anatomy or physiology of the brain.

In my work I did more than suggest this concentration theory; I proved it, by showing that it accounted for and harmonized all the phenomena of trance in all its varieties; and, yet further, I stated that if any new phenomena of trance should be discovered, this concentration theory would account for them all, up to a certain point, at least. This prediction has been fulfilled; for during the past few months I have made a number of discoveries of detail, all of which are explained by this theory. These new facts will be brought out in my work on trance, now in preparation. Some of these later experiments were made public at a meeting of the Medico Legal Society, last week.

Among these new facts may be mentioned the absolute demonstration of blindness in one eye, of abolition of the sense of vertigo, hemianæsthesia and hyperæsthesia, and absolute deafness; color-blindness I have also demonstrated, as Cohn had done before, though not, I think, by the same method. I have also confirmed the old claim that a trance subject may, in rare instances, see, with thoroughly bandaged eyes; the tests were made with playing cards, all the six sources of error being eliminated. This last experiment was confirmed and repeated by Dr. C. L. Dana and Dr. W. G. Morton, of this city; and is the easiest to verify of all the experiments that can be made with trance subjects.

But, as you truly say, what we want is the explanation of these phenomena; while some of these detailed experiments are new—but a few weeks or days old—others have been known or claimed for centuries.

My claim for the concentration theory is, and from the first has been, absolute and uncompromising; that it accounts for and unifies all the phenomena of the varieties and sub-varieties of trance, by whatever names known or described, and brings order out of confusion in this whole subject, doing for it what the theory of gravity does for the movements of the heavenly bodies, or the wave theory for the phenomena of light. GEORGE M. BEARD, M.D.

161 *Madison Ave., N. Y., May 9th.*

Feeding of Infants.

ED. MED. AND SURG. REPORTER:—

Reading, in the MEDICAL AND SURGICAL REPORTER, April 30th, page 490, "Constitution of Human Milk," by F. Hoppe Seyler, leads me to offer my substitute for human milk, which may, for aught I know, not be new to some of your readers; to me it did not come from reading, but from a determined effort to prevent a bottle-fed baby from dying of inanition. The history of my little patient is the usual one of vomited and defecated, undigested curds, with emaciation and pain, in spite of pepsin, subnit. bismuth, lime water, etc.

I ordered milk, one part, the whites of eggs, well beaten, two parts, warm water, one part. Place in the nursing bottle, and allow only at regular intervals of three hours. Continued pepsine. Allowed no sugar, believing that cane sugar in the stomach of the infant with undeveloped salivary glands is incapable of behaving like sugar of milk.

The result was all that could be desired, the patient improved at once and soon became as plump and perfectly nourished as any breast-fed baby could be. This method of feeding only occurred to me last summer, and the opportunities for verifying its value were not numerous, but in the dozen cases tried the results were eminently satisfactory. I got rid of a large amount of the caseine and substituted fresh albumen in its place.

Greeley, Col. G. LAW, M D.

Treatment of Measles.

ED. MED. AND SURG. REPORTER:—

Having seen *quite* a number of cases of measles in the past eight weeks, both mild and severe, complicated and uncomplicated, I have been induced to say a word in regard to its treatment.

As we all know, when this malady affects a patient, it goes naturally through its several stages without any *special treatment*, except that of "Old Times" ("Saffron Tea, etc.") There is generally a diarrhœa, about the fourth or fifth day, which should be allowed to go unarrested, for the reason that it is seemingly an effort on the part of "Nature" to rid the mucous membranes of both the stomach and bowels of the infectious matter accumulated therein; should, however, this state of *affairs* continue to such an extent as to affect the strength of the patient, we might give relief by medication.

The *headache* in the early stages of the disease is quite severe, and in the same way could be re-

lieved, for it, as a rule, accompanies the vomiting and diarrhœa.

The simple treatment I offer for ordinary cases of rubeola, or rubeola simplex, is the following:—

℞. Morphiæ sulph., gr. j
Liq. calcis,
Aq. menth, āā ℥j. M.
Ft. solution.

Sig.—One to two teaspoonfuls every hour, according to age, until relieved.

Any form of opium can be used, according to age of patient, and the time prolonged or shortened, according to choice of physician.

Having seen a case a few hours ago, which presented symptoms of dysentery, I ordered the following prescription:—

℞. Pulv. opii, gr. ij
Bismuth subnit., ℈j
Salicin, gr. vj. M.
Excipiente, q. s. ut ft. pil. No. iv.

Sig.—One pill every two hours, until bowels are quiet.

I will report from time to time, any case that might be worthy of reporting. This disease I report because there are many younger members of the profession who might be induced to use simple remedies, and have good success, whereas they might use *violent medicines*, and do more harm than *good*.

W. B. Powell, M.D.

Natchitoches, La.

News and Miscellany.

Medical Society of Pennsylvania—Thirty-Second Annual Session.

The Society met at Lancaster, in Fulton Hall, Wednesday, May 11th. At 11 o'clock, the President, Dr. J. T. Carpenter, of Schuylkill county, called the meeting to order, and the exercises were opened with prayer by Rev. J. Y. Mitchell, D.D.

The reading of the list of delegates was dispensed with, as all the delegates had not registered their names. Dr. Henry Carpenter, of Lancaster, Chairman of the Committee of Arrangements, welcomed the delegates in the following words:—

Gentlemen—Delegates to the Meeting of the Medical Society of the State of Pennsylvania:

It is my very pleasing duty—on behalf of the Lancaster County Medical Society—to tender to you a cordial, hearty welcome to this, our ancient city, the birthplace of your Association thirty-three years ago. This Association was organized in this city, and alas! how sad to contemplate how few of the cherished old familiar faces of that day are present here now. We miss the cordial, friendly grasp, and genial, pleasant faces of Hume, Muhlenberg, Burrowes, Hays, Emerson, Worthington, Coates, Norris, Parrish, Hiester, Jackson, Mutter, Duffield, Carpenter (of Pottsville), Kerfoot, Carson, Richards, Maybury, Raub, Huston, Condie, and scores of others who "have passed the bourne," whom we were formerly so delighted to meet, and unto whose voices, pregnant with words of wisdom and instruction, we were so pleased to hearken. But in the language of the poet, "*Mors Janua vitæ*"—

"Death is the gate to life eternal—
The entrance to immortal life."

So that we may console ourselves by the reflection that "our loss has been their gain."

We may claim for Lancaster that it is the largest, as well as the oldest inland city of our rapidly-growing country. It was laid out as a borough by James Hamilton, a landed proprietor, getting title from the English crown, in the year 1728; and the adjoining territory erected into a county in 1729, one year subsequently. The city contains a population bordering upon 30,000 inhabitants, while the surrounding country is a little empire, comprising an area of over 620,000 acres, or about 969 square miles, and peopled by about 150,000 inhabitants. It is eminently an agricultural district; its great fertility and productiveness having long since gained for it the enviable name of the "Garden of America." It has been long famous for its big Conestoga horses, great crops of wheat, corn, and latterly of tobacco, industrious and frugal inhabitants, and last, but by no means least, its large number of pretty girls; which condition of things may serve to explain to you the fact that all of our physicians are well-to-do married men (I myself have enjoyed that felicity three several times), all surrounded by the bounties, as well as the cares and consequent responsibilities of the situation, which facts you can prove by calling upon them, at their homes, where you will find the latch-string hanging freely out, and all most delighted to meet and welcome you. But I will not longer tire your patience with these crude and hastily conceived sentiments, but in their name, and that of their families, wish you a hearty, sincere and cordial welcome to their homes.

On motion of Dr. S. T. Davis, of Lancaster, all physicians in good standing in neighboring societies were given the privileges of the floor and the courtesies of the meeting.

Dr. E. P. Townsend, of Beverly, N. J., a representative from the State Medical Society of New Jersey, being present, was received and invited to the platform.

Dr. Townsend replied as follows:—

Mr. President and Gentlemen:—It gives me great pleasure to meet with you again, to represent the State Medical Society of New Jersey, before this distinguished body. The State Medical Society of New Jersey believes in the policy of Inter-State delegations, and regularly appoints delegates to adjoining State Societies

Having had the pleasure of representing her at your last annual meeting, at Altoona, I carefully watched your proceedings and tried to report to my Society the salient features of your meeting. One of the most notable of these, was your resolution, formerly passed, and last year so earnestly advocated by Dr. Traill Green, requiring a preparatory examination of all applicants for the study of medicine, as to moral and mental qualification. This resolution was reported to the New Jersey Society, and I am happy to say, similar regulations were adopted,

and made incumbent upon the county societies to fulfill. The old centenarian is proud to copy all from her younger sister organization that may tend to the elevation of our beloved profession.

I shall watch the working of your action of last year, on this subject, with considerable interest. In conclusion, gentlemen, I cordially extend, not only to the delegates whom I hope you will appoint, but to each and every member of this honorable and distinguished body, an invitation to attend the one hundred and fourteenth annual session of the New Jersey State Medical Society, to be held at Long Branch, on the fourth Tuesday of this month.

Dr. Henry Carpenter read the programme as arranged for the session. On motion it was adopted.

Dr. O. H. Allis, of Philadelphia, Corresponding Secretary, reported but one item, the formation of a new medical society in one of the counties. He also presented his report on the library, with a set of rules for its government.

At the meeting of 1880, the following resolution was adopted:—

Resolved, That the Philadelphia County Medical Society be constituted the custodian of the publications of the Pennsylvania State Medical Society and of the transactions of such other State medical societies as shall exchange with it, until the Pennsylvania State Medical Society shall make other provision for the same.

Resolved, That the Publication Committee shall be constituted a library committee, to report at the next meeting of this Society the rules and necessities of such a library.

In pursuance of these resolutions the following rules were offered:—

Name.—The name of the Library shall be The Library of the Pennsylvania State Medical Society.

Contents of Library.—The Library shall consist of the Publications of the State Medical Society; the Exchanges with other State Medical Socities and medical organizations as may be effected and deemed judicious by the officers of the Library.

Officers of the Library.—The officers of the Library shall consist of the Committee of Publication of the Pennsylvania State Medical Society, together with the Librarian of the Philadelphia County Medical Society.

Duties of the Officers.—They shall appoint one of the members of the Publication Committee as the Correspondent of the Library, whose duty it shall be to solicit suitable additions to the Library, and to make an annual report of the condition and progess of the Library to the State Medical Society. They shall meet at the call of the correspondent. They shall appoint the necessary officers and make the necessary rules for the promoting of the objects of the Library.

RULES OF THE LIBRARY.

1. The Librarian of the Philadelphia County Medical Society shall be the Librarian of the Library of the Pennsylvania State Medical Society.

2. The Library shall be accessible to the members of County Medical Societies of the State of Pennsylvania.

3. The books of this Library shall not be taken from the Library Building. They shall be for reference, not for circulation.

On motion, the report was accepted and the rules adopted.

Dr. Traill Green presented a bill for committee expenses, which was ordered paid.

Dr. R. S. Sutton, of Pittsburgh, offered the following, which provoked some discussion, viz:

SECTION 2, Article III, of the Constitution shall be so amended as to read as follows:—

Every member of a county medical society in Pennsylvania shall, so long as he is in good standing, be a member of the State Medical Society, and a delegate to its annual sessions.

Under the law, it laid over for one year.

On motion of Dr. S. T. Davis, it was agreed that in future each delegation to a sister society, or the American Medical Association, shall organize and appoint a chairman, who shall report at next meeting of this body.

Dr. Varian reported that, as a delegate to the Connecticut State Society, he had been unable to find that body.

On motion, a recess of twenty minutes was allowed for the delegation from each county society to select its representation on the nominating committee.

After which, the society adjourned until 2 P. M.

(To be continued.)

The Association of Medical Editors

Met at Exchange Hotel, Richmond, on Monday evening, May 2d, at 8½ o'clock. In the absence of Dr. J. F. Shrady, President, Dr. Octerlony was called to the chair, Dr. D. S. Reynolds, Secretary.

Dr. Shrady's address was read by Dr. Carpenter, and on motion it was ordered that the same be printed.

The Committee on Necrology (Drs. Dunstar, Cole, and Edwards), was appointed. The Committee reported the death of Drs. Davis and Cowling during the past year, and requested indulgence for the preparation of their report on memoirs, which was granted.

The Committee on Nominations of Officers for the ensuing year reported as follows: President, Dr. Landon B. Edwards, Richmond, Va.; Vice President, Dr. Ralph Walsh, Washington; Secretary, Dr. D. S. Reynolds, Louisville.

American Medical College Association.

There was quite a full attendance at the meeting of this body. The meeting was called to order by the President, Professor S. D. Gross, M.D., of Philadelphia, Professor Laertes Connor, of Detroit, acting as Secretary.

The following are the officers elected for the ensuing year:—

President.—Professor J. M. Bodine, of the Medical Department of the University of Louisville, Kentucky.

Vice President.—Professor W. T. Briggs, of Nashville, Tennessee.

Secretary and Treasurer.—Professor Laertes Connor, of Detroit, Michigan.

Secretary Connor's report shows an increase of two in the active membership of the Association since the last annual meeting. From the reports of the several colleges, made to the secretary, it appears that these institutions had conformed more universally and completely to the requirements of the Association than heretofore, and that everything pertaining to their connection with the body was entirely satisfactory.

The report of the Committee on Medical Col leges showed that sixty-four catalogues of col leges had been examined, and that only sixteen ot them had failed to come up to the Association's requirements in the matter of graduation. It also appeared that twenty-two of the colleges had surpassed these requirements in one or more of the three following particulars: First, matriculation examinations; second, nine months' regular attendance; third, the three regular terms required.

The American Surgical Association.

The American Surgical Association met at the hall of the House of Delegates, Richmond, Dr. S. D. Gross, of Philadelphia, presiding, and J. R. Weist, of Indiana, secretary.

At the request of the President, Dr. Packard read the Constitution and By-Laws, which were unanimously adopted. Under this constitution, surgeons known as "specialists" are allowed to become members of the Association. Under the old constitution that class of surgeons were excluded.

Dr. Packard, the treasurer, reported that he had received $925 from members, which, with the interest ($9.25), was deposited to the credit of the Association in the Philadelphia Savings and Trust Company.

An amendment to the constitution was adopted, to the effect that all nominations for membership shall lie over until the next regular session.

The Oriental Hotel, Coney Island, New York, was selected as the place for the next annual meeting. The 13th, 14th and 15th of September was selected as the time.

The following is the list of officers of the Society:—

Samuel D. Gross, President; Drs. S. A. Dugas, 1st Vice President; James R. Wood, 2d Vice President; J. R. Weist, Recording Secretary; W. D. Briggs, Cor. Secretary; John H. Packard, Treasurer.

Council—Drs. Moses Gunn, John T. Hodgen, Hunter McGuire, J. C. Hutcheson, Samuel D. Gross, J. R. Weist, R. A. Kinloch.

Pepsin Preparations.

The pepsin preparations of William Proctor, Jr., of Philadelphia, have acquired an honorable and merited reputation with the profession. He prepares a saccharated pepsin, a pepsin fortior, and a vinum digestivum, all presenting in various strengths this active element. The pepsin fortior dissolves coagulated albumen, in the ratio of gr. j. to gr. 150. It is soluble, pure, and free from unpleasant odor. The saccharated pepsin consists of purified pepsin and milk sugar in such proportions that ten grains of the powder dissolved in a fluid ounce of the water, containing six drops of muriatic acid, will completely dissolve 120 grains of coagulated albumen in from four to six hours, when digested at the temperature of 100° to 105° Fahr. The vinum digestivum we have also employed in various cases, and can report highly satisfactory results from this as well as the other preparations mentioned.

Pharmaceutical Display.

The displays of pharmaceuticals, etc., at the meeting of the American Medical Association this year, were uncommonly rich and attractive. Among the firms giving the finest exhibits we may name Messrs. Parke, Davis & Co., Detroit; W. H. Schieffelin & Co., of New York; McKesson & Robbins, New York; John Wyeth & Brother, Philadelphia; Trommer Extract of Malt Co.; E. F. Houghton & Co. (cosmoline); John Reynders & Co. (surgical instruments); Charles T. White & Co., New York; and Jerome Kidder Manufacturing Co., New York.

Most of these exhibits were extensive and advantageously displayed. It is an indication both of good taste and business energy for firms to make them, and we trust that the Association will always favor this collateral branch of its activity.

On Vivisection.

A committee of the Medical Society of the State of New York have addressed to the officers and members of the American Society for the Prevention of Cruelty to Animals a letter, the main paragraph of which reads as follows:—

With you we earnestly desire to prevent every form of unnecessary suffering. But we would most strongly draw your attention to the radical difference between the infliction of wanton cruelty and the serious and careful use of the lower animals for the benefit of humanity and the brute creation; and we respectfully ask that the name and authority of your Society may not be employed to the injury of the medical profession and of medical science.

Medical Association of Georgia.

The Thirty-second Annual Session of the Medical Association of Georgia was held in Thomasville, on April 20th and 21st, 1881. The following are the officers for the ensuing year:—President, William F. Holt, Macon; First Vice President, Eugene Foster, Augusta; Second Vice President, T. M. McIntosh, Thomasville; Secretary, A. Sibley Campbell, Augusta; Treasurer, K. P. Moore, Forsyth. The next session will be held in Atlanta, on the third Wednesday in April (19th), 1882. Communications should be addressed to A. Sibley Campbell, *Secretary.*

The Louisville Medical News.

The publishers of the Louisville *Medical News* have secured as its editor Dr. J. W. Holland, a gentleman already known as an able chemist, an eloquent lecturer, and a graceful writer.

International Pharmaceutical Congress.

The Pharmaceutical Society of Great Britain deemed this year to be a fit opportunity for inviting the International Pharmaceutical Congress to hold a meeting about the same time as the International Medical Congress. Under date of January 1, 1881, the invitations were sent out to the various pharmaceutical bodies and to prominent pharmacists in different countries, and no doubt can be entertained that the meeting will be a success, certainly as far as will concern the presence of representative pharmacists, and it is to be hoped, likewise, in regard to the number of nationalities represented.

The Plague.

Telegrams to early in April represent the plague as very severe in certain parts of the Euphrates valley. In some houses ten out of twelve have died. All vessels from the Persian Gulf have been quarantined at various Red Sea ports. The disease is undoubtedly the genuine bubonic pest.

Personal.

Dr. W. J. Holt, an eminent physician of Montgomery, Ala., died April 27th. He was one of the young Americans who, after completing study in Paris, entered the service of the Russian Government, in the medical department, during the Crimean war.

Over 1000 Deaths from Smallpox.

During the last week 146 cases of smallpox were reported in Philadelphia, of which thirty-five were fatal. Since November last there have been very nearly 5000 cases of smallpox in the city, of which over 1000, or one in five, died.

—The Washington *Republican* states that many recent patents relate to interments.

Thus one of them provided a lock and alarm arrangement, which is intended to give notice of any interference with a grave. Among other things the scheme provides for the explosion of a bomb of dynamite, which would send the unfortunate grave robber a quarter of a mile up in the air. Another was for a patent swinging cooling board. A third was for an embalming fluid or process, and another was for an improved cooling board with a kind of coffin attachment.

OBITUARY NOTICES.

—Dr. Salvator Caro, of New York City, died April 30th, from prostration and worry, brought on, it is said, by a law-suit. Dr. Caro was a native of Sicily, Italy, where he was born Feb. 15, 1823. His parents were wealthy, and he was educated in the College of the Franciscan Friars at Trapani, and the University of Palermo. He was connected with the Civic Hospital of Palermo from 1843 until 1852, when he came to America. He resided in Elizabeth, N. J., for three years, and then settled in this city. In the lapse of twenty years he amassed a considerable fortune. Dr. Caro was a member of the County Medical Society, a highly esteemed Fellow of the New York Academy of Medicine, an active worker in the Pathological Society, and a corresponding member of the Royal Academy of Medical Sciences of Palermo. As a medical author, his memoirs on the action of bromide of potash and the sedative properties of the sulphate of quinia were highly regarded.

—Dr. Max Herzog died in N. Y. City, April 18th. He was a prominent and active member of various medical and scientific societies, among them the Medical Society of the County of New York, the New York Academy of Medicine, the Physicians' Mutual Aid Association, the Neurological Society, and the Medico-Legal Society. He was one of the founders of the new infirmary on Madison Avenue, and generally noted for the zeal and spirit with which he entered into all benevolent enterprises.

—Dr. Charles McGill, a well-known physician of Richmond, Virginia, died early in May, in the 75th year of his age. Before the war he was a resident of Hagerstown, Maryland, but he joined the South, and after the close of the war made Richmond his home.

MARRIAGES.

FINCH—MYERS.—In New York, on Thursday, April 28th, at "Chatsworth," the residence of the bride's parents, by the Revs. H. V. S. and A. E. Myers, Edwin W. Finch, M.D., and Emma W., daughter of James Myers.

FITCH—AKERMAN.—May 5th, at Trinity Chapel, New York, by the Rev. C. T. Olmsted, Simon Fitch, M.D., of Halifax, Nova Scotia, and Elizabeth J. Akerman, daughter of the late William Akerman, Esq., of Portland, Me.

GREEN—CARPENTER.—On April 21st, 1881, at St. Peter's P. E. Church, by the Rev. Thomas F. Davies, D.D., Dr. William L. Green and Miss Mary Frances Carpenter, daughter of Frances Carpenter, both of this city.

HARWOOD—SMITH.—At the Church of the Holy Trinity, N. Y. City, on Thursday evening, April 28th, 1881, by Rev. Stephen H. Tyng, Edward Coke Harwood, M. D., and Ida Acheson Smith, daughter of Wm. Smith, Esq., of N. Y. City.

PRICE—WILEY.—At Bridesburg, Philadelphia, April 14th, by Rev. A. A. Dinsmore, Thomas H. Price, M.D., of Morgantown, West Va., and Georgie Wiley, of Philadelphia.

READ—WHITNEY.—April 28th, 1881, at Spruce Street Baptist Church, by the Rev. Wm. S. Roberts, William Pratt Read, M.D., and Miss Kate R. Whitney, both of Philadelphia.

DEATHS.

CLARK.—In this city, on the 29th ultimo, Dr. William H. Clark, aged 68 years.

EVANS.—Early on Thursday morning, April 28th, Anna Richards, daughter of the late Wm. H. Richards, wife of Horace Y. Evans, M. D., of this city.

HAMERSLY.—In this city, on the 26th ultimo, Edwin S. Hamersly, M.D., in the 65th year of his age.

McGEORGE.—On the 25th ultimo, Annie F. McGeorge, wife of Wallace McGeorge, M.D., of Woodbury, N. J., and youngest daughter of the late Hon. Isaac Pullen, of Hightstown, N. J.

PARMELEE.—At Watertown, N. Y., April 18th 1881, S. L. Parmelee, M.D., in the 53d year of his age.